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ABSTRACT

This training guide is intended to improve the skills of Head Start staff and families in dealing with communicable diseases. The guide addresses attitudes toward communicable diseases, how to reduce the spread of disease, and how to recognize and manage illnesses more effectively. The guide consists of six working sections. The first three are training modules. Each module details learning opportunities, expected outcomes, key concepts, background information, questions for discussion and reflection, activities, points to consider, and next steps. Module 1 addresses understanding communicable diseases, and includes experience with and understanding of communicable diseases, working with people of diverse beliefs, and how communicable diseases spread. Module 2 addresses preventing communicable diseases, and includes hand washing, gloving, checking on infection control, and fresh air. Module 3 addresses recognizing and managing communicable diseases. Topics addressed include daily health checks, managing communicable diseases, and assessing ill children. The fourth section of the guide addresses continuing professional development issues to help Head Start staff develop their skills in preventing, recognizing, managing and learning about communicable diseases. The fifth section contains resources including books, manuals, videos, newsletters, and national organizations. The sixth section is an appendix of fact sheets on communicable diseases ranging from chicken pox to tuberculosis. (SD)

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HEAD START

# Training Guides for the Head Start Learning Community

## *Preventing & Managing Communicable Diseases*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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HEAD START®

# Preventing & Managing Communicable Diseases

*Training Guides for the Head Start Learning Community*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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**Photo courtesy of Fruitvale Head Start, Oakland, Ca.**

**1996**

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# *Preface*

The spread of communicable diseases is a fact of life in Head Start. Illnesses spread because children have close contact and naturally explore their environment by touching and putting things in their mouths. The demands of supervising children, wiping noses, diapering, preparing meals, and tending to injuries make practicing good hygiene all the time challenging for staff and parents.

When their children are sick, parents often feel caught—they want to care for their sick children, but they might lose their jobs if they miss too many days of work. Children may be brought to school sick, increasing the spread of illness and the burden on staff.

The spread of communicable diseases in Head Start has a big impact on the health and well-being of children, families, and staff. Victor tells his story:

"My son Ivan has been so sick since he started school in September. He's had a constant cold and one ear infection after another. He's been on antibiotics all winter long. They're saying that all the ear infections might damage his hearing, so the doctor is talking about surgery to put tubes in his ears to stop the infections. Several other children in the class are in the same situation. I only wish there was something we could do to keep the kids healthier."

The spread of communicable diseases **can** be reduced. This guide, ***Preventing & Managing Communicable Diseases***, helps inform Head Start programs about steps they can take to prevent and manage communicable diseases more effectively. Communication and cooperation must be established among program staff, parents, and health professionals. Programs must develop clear health policies and a plan for teaching staff, parents, and children about communicable diseases.

The concepts and activities in this guide build on each other. For a comprehensive approach, users should proceed from the beginning to the end. However, the learning activities can be adapted to your own situation. For example, you may adapt a workshop activity to coaching or insert stories from your own program.

Training materials are effective only when they are applied to the everyday work setting. Knowledge and skills that are developed in training must be supported by follow-up activities. The guide contains sections entitled "Next Steps" and "Continuing Professional Development" to help users design long-term learning plans.

# *Preface*

This guide was developed with the assistance of many Head Start programs across the country. We would like to thank the Head Start staff and parents who discussed the challenges that they faced in dealing with communicable diseases, shared their stories, participated in trainings, and provided feedback on the activities. We appreciate the feedback provided by the Head Start Bureau, Regional Offices, Technical Assistance Support Centers (TASCs), Resource Access Projects (RAPs), and National Training Contractors (NTCs). We especially value the detailed review and input provided by the guide's development team of Head Start staff and health professionals.

We hope that ***Preventing & Managing Communicable Diseases*** helps you develop a partnership among Head Start staff, parents, health professionals, and children to deal with communicable diseases effectively and create a healthier Head Start.

## Overview

### *Purpose*

The purpose of this guide is to improve the skills of Head Start staff and families in dealing with communicable diseases. The guide addresses attitudes toward communicable diseases, how to reduce the spread of disease, and how to recognize and manage illnesses more effectively. Since communicable diseases are the most common cause of illness, this guide aims to help Head Start keep its children, families, and staff healthier.

### *Audience*

Designed for all Head Start staff and health consultants who work with Head Start, this guide is particularly helpful for classroom teachers and aides who are responsible for preventing the spread of disease, recognizing when children are sick, and responding to illnesses. Activities can be adapted to teach children and parents about communicable diseases. The guide also gives program directors, health coordinators, and consultants guidance as they develop health policies and monitor the program's practices in preventing and managing communicable diseases.

### *Performance Standards*

Head Start staff from a wide variety of functions need to learn about communicable diseases. Head Start Program Performance Standards require administrators to develop health policies to prevent and manage communicable diseases in their programs. Classroom staff and food service personnel must follow practices to prevent, recognize, and manage illnesses. They also need to teach children and work effectively with parents around communicable diseases.

# *Introduction*

## Orientation to the Guide

The ***Preventing & Managing Communicable Diseases*** guide has six working sections:

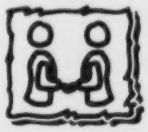
- Module 1: Understanding Communicable Diseases
- Module 2: Preventing Communicable Diseases
- Module 3: Recognizing & Managing Communicable Diseases
- Continuing Professional Development
- Resources
- Appendix: Communicable Disease Fact Sheets

Each module provides learning opportunities for workshop sessions and coaching. Each has the following sections:

- **Outcomes** define what participants will learn from the module.
- **Key Concepts** are the main ideas conveyed in the module. These sections can be used as handouts or overheads.
- **Background Information** elaborates on the Key Concepts. It can be a resource for coaching or a guide for a group presentation.
- **Questions for Discussion/Reflection** are at the end of each Background section. They can initiate discussion in workshops or coaching sessions or serve as prompts for staff journals.
- **Activities** are practical exercises that reinforce the key concepts and help participants develop their skills. Some activities refer to **Handouts** for participants at the end of the module.
- **Points to Consider** summarize the main issues that the trainer or coach should try to elicit through the activity. They are listed at the end of each activity.
- **Next Steps: Ideas to Extend Practice** are additional activities to follow-up what participants learned through the module. They are listed at the end of each module.

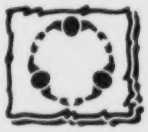
## Definition of Icons

***Coaching***



A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.

***Workshops***



A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.

***Next Steps:***
***Ideas to Extend Practice***

Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.

***Continuing***
***Professional Development***

Followup activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. It includes:

1) opportunities tailored to the participant to continue building on the skills learned in the training; and

2) ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as in higher education, credentialing, or community educational programs.

## At A Glance

| Modules | Activity | Time | Materials |
|---|---|---|---|
| ***Module 1: Understanding Communicable Diseases*** | Activity 1: Who Has Had This Experience? *(W)* | 15-20 minutes | Handout A |
| | Activity 2: What Do We Think? *(C)* | 60-90 minutes | Handout B; Appendix: Colds and Flu |
| | Activity 3: Working with People with Diverse Beliefs *(W)* | 45-60 minutes | Appendix: Colds and Flu, Infectious Diarrhea, Head Lice, HIV/AIDS |
| | Activity 4: How Communicable Diseases Spread *(W)* | 45-60 minutes | Keys to Activity 4 (For trainer only) |
| | Activity 5: Spreading Germs *(C)* | 30-45 minutes | Keys to Activity 4 (For trainer only) |
| ***Module 2: Preventing Communicable Diseases*** | Activity 1: Hand Washing: Doing It Right *(W)* | 30 minutes | Handout C |
| | Activity 2: The Art of Gloving *(W)* | 20-30 minutes | Handout D |
| | Activity 3: Checking Up on Infection Control *(C)* | 120 minutes | Handouts E1-E4 |
| | Activity 4: Why Is Everyone Sick? *(C)* | 30-45 minutes | Handouts E1-E4 and F1-F2; Appendix: Giardiasis, Pinworms; Key to Activity 4 (For trainer only) |
| | Activity 5: Let's Have a Picnic *(W)* | 30-45 minutes | Handout E4 |
| | Activity 6: Promoting Fresh Air *(W)* | 30-45 minutes | Handout G |

| Modules | Activity | Time | Materials |
|---|---|---|---|
| ***Module 3: Recognizing & Managing Communicable Diseases*** | Activity 1: The Daily Health Check *(C)* | 60-90 minutes | Handouts H, I, & J |
| | Activity 2: Assessing the Child Who Is Ill: Twenty Questions *(W)* | 45-60 minutes | Handouts I & K; Key to Activity 2 (For trainer only) |
| | Activity 3: What Would You Do? *(W)* | 60-90 minutes | Handouts K & L; Appendix: Infectious Diarrhea, Chicken Pox, Head Lice, Impetigo |
| | Activity 4: Handling an Outbreak *(C)* | 60-90 minutes | Handouts M1-M2 & Appendix: Chicken Pox, Hepatitis A |

***(W) = Workshop Activity***
***(C) = Coaching Activity***



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# Understanding Communicable Diseases

***Outcomes***

*After completing this module, participants will be able to explain what communicable diseases are and how they spread.*

***Key Concepts***

- **Communicable diseases are illnesses that spread from person to person. They are the most common cause of illness in young children.**
- **Communicable diseases are caused by microscopic germs and bugs. They are carried in "body fluids"—blood, mucus, saliva, vomit, stool, urine, and eye discharges—and on the skin and hair.**
- **Communicable diseases are spread in different ways, depending on the disease—for example by touching, breathing, and eating.**
- **People have different beliefs about communicable diseases that are shaped by culture, education, experience, and fears. We must build our approach to communicable diseases on sensitivity and respect for different beliefs and practices.**

***Background Information***

**A. What Are Communicable Diseases?**

Communicable diseases are illnesses that spread from one person to another. They are also called contagious or infectious diseases.

Communicable diseases are caused by germs and tiny bugs. The germs are so small that they can only be seen with a microscope, not with the naked eye. The germs and bugs are categorized as:

- viruses (e.g., "colds," chicken pox, hepatitis A & B, HIV),
- bacteria (e.g., "strep," tuberculosis), or
- fungi (e.g., ringworm, thrush), and
- parasites (e.g., giardia, pinworms, scabies, head lice).

Illnesses caused by bacteria, fungi and parasites always need medical evaluation and antibiotic treatment. Many illnesses caused by viruses are mild and go away on their own, but some need medical evaluation and treatment.

*NOTE:* Some illnesses and health conditions are **not** communicable and do **not** spread from one person to another. Examples of these include asthma, allergies, seizures, cerebral palsy, and blindness.

### B. How Do Communicable Diseases Spread?

Germs that cause communicable diseases are found in and on people, animals, food, water, air, and dirt. Most of the germs are carried in human "body fluids"—blood, mucus, saliva, vomit, stool, urine, and discharges from the eyes and skin lesions. Most communicable bugs are carried on the skin and hair.

Germs spread when the body fluids of one person get *into* the body of another person. Most communicable bugs spread by getting *onto* the skin or hair.

Communicable diseases can be categorized by the way they spread:

- **Respiratory** diseases (e.g., colds) affect the head and chest. They are spread by:
  - coughing, sneezing, and breathing,
  - touching nasal mucus, saliva, and eye discharge.
- **Gastrointestinal** diseases (e.g., infectious diarrhea) affect the stomach and intestines. They are spread by:
  - touching stool, vomit, or contaminated surfaces,
  - eating food contaminated by stool,
  - drinking or bathing in water contaminated by stool.
- **Dermatologic** diseases (e.g., ringworm) affect the skin and hair. They are spread by:
  - touching skin or hair,
  - sharing items such as clothes, hats, towels, and hairbrushes that touch skin or hair.
- **Blood-borne** diseases (e.g., hepatitis B) affect the entire body. They are spread by:

- getting blood onto broken skin,
- receiving blood transfusions,
- sharing needles used for injections, piercing, or tattoos,
- having sexual contact that shares body fluids.

The majority of illnesses spread in early childhood programs are respiratory, gastrointestinal, and dermatologic diseases. The spread of blood-borne diseases is extremely rare.

### C. Why Are Communicable Diseases Common Among Young Children?

Young children have frequent illnesses caused by communicable diseases. Studies show that preschool-age children have symptoms of illness one-third to one-half of the days out of the year.

Young children are more vulnerable to illnesses because their immune systems—the body's natural defenses against disease—are not yet built up. Infants and toddlers tend to get sick more often than older children. And when children enter a new child care setting, they tend to get sick more in the first year. Over time, as children develop and learn, their immune defenses also develop and learn to protect them against diseases and keep them healthier.

For example, children get frequent colds, but the average number they suffer per year decreases as they get older:

- Infants and toddlers have 6-10 colds/year.
- Preschool-age children have 3-5 colds/year.
- Older children have 1-3 colds/year.

Communicable diseases spread in early childhood programs because:

- There is close contact among many children and germs.
- Young children explore their environment by touching people and things and by putting their hands and objects—and germs—into their mouths.
- Most young children have not yet developed good hygiene practices.

They touch their noses, mouths, bottoms, animals, dirt, food, and toys, and often forget to wash their hands.

- Surfaces and objects can carry germs. These include toys, tabletops, floors, diapering and toileting areas, sinks, doorknobs, water fountains, sandboxes, and water play tables.

- Teachers and parents also spread germs. Studies of early childhood programs show that the surface most likely to carry germs is the caregiver's hands. In meeting the needs of many children—wiping runny noses, changing diapers, assisting with toileting, and handling food—proper hygiene practices are sometimes neglected.

### D. What Is the Impact of Communicable Diseases on Head Start?

Most of the communicable diseases that children experience, such as colds and stomach upsets, are mild. Children are usually sick for a few days and then get better on their own.

Some illnesses, however, are more serious and require medical evaluation and treatment. For example, strep throat needs treatment with antibiotics. Some frequent illnesses can lead to complications. For example, colds can lead to frequent ear infections in some infants and toddlers, which can lead to hearing loss. Some children with immune problems, such as HIV/AIDS, are more susceptible to illnesses. Rarely, communicable diseases such as meningitis, measles, and tuberculosis can be fatal.

The illnesses don't simply spread among the children—they also spread to staff, parents, and other family members. Communicable diseases can lead to significant pain and suffering, time missed from school and work, and medical costs for families and staff.

### E. How Do Beliefs and Attitudes Affect the Management of Communicable Diseases in Head Start?

Each person has a unique set of beliefs about health and illness. These beliefs are shaped by many factors including cultural background, education, and personal experience. People in the Head Start community—staff, children, parents, and other professionals—have diverse beliefs about communicable diseases, including:

- **Beliefs about the causes of illness**, for example, germs, poor hygiene, lowered resistance, weak constitution, emotions and stress,

eating bad food, exposure to cold air, evil eye, punishment for sins, hot/cold imbalance, lack of harmony with nature, and fate.

- **Practices to maintain health and treat illness**, for example, washing hands, eating certain foods, exercise/rest, bathing/not bathing, taking medicine, drinking teas, injections, prayer, laying on hands, religious ceremonies, hot/cold remedies, acupuncture, cupping, coin rubbing, massage, offerings, and family support.

- **Sources of health information and treatment**, for example, doctors, nurses, psychologists, chiropractors, homeopaths, family members, elders, healers, religious leaders, pharmacists, acupuncturists, medicine men, santeros, and curanderos.

Head Start's approach to preventing and managing communicable disease must be built on respect for different health beliefs and practices.

Illnesses among children, staff, and parents can strain emotions and workloads. When staff and parents react to illness with anger or shame, illnesses may not be handled effectively, leading to more severe symptoms and further spread. However, when staff and parents react to illness with information and sensitivity, it leads to more effective treatment and reduced spread.

Head Start children are also developing their own ideas about health and illness based on the attitudes and responses of the adults around them. When staff and parents respond to illness with blaming or fear, children may feel afraid and isolated. When adults respond with concern and acceptance, children develop a more comfortable and "healthier" attitude toward illness.

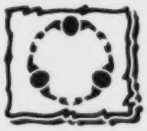
### *Questions for Discussion/ Reflection*

Think about the last communicable disease that "went around" your Head Start program. What was the impact on children, families, and staff?

- How many got sick?
- How much pain and suffering did they experience?
- How many days of school or work were missed?
- What were the costs for health care and medicine?
- What might have been done to prevent or manage the illness more effectively?

# *Module 1*

***Activity 1:***
***Who Has Had***
***This Experience?***



**Purpose:** This activity is a brief "icebreaker" to help participants recognize the impact of communicable diseases on their daily lives.

For this activity, you will need:

- One copy of Handout A: Who Has Had This Experience? for each participant
- Pens/pencils

**Step 1:** Explain that this exercise helps us get to know each other through discussing some of our experiences with communicable diseases.

> ***Trainer's note:*** *Participants may feel uncomfortable discussing some communicable diseases or have concerns about confidentiality. Encourage participants to discuss these issues only to the extent to which they feel comfortable.*

**Step 2:** Ask participants: What are communicable diseases? (*see* Background Information)

**Step 3:** Distribute Handout A: Who Has Had This Experience? Give participants a minute to review the questions on the worksheet.

**Step 4:** Have participants take 5-10 minutes to mingle with each other, introduce themselves, and discuss some of their experiences with communicable diseases. Participants should sign their names on other participants' worksheets next to an experience that they have had.

**Step 5:** After most people have completed their worksheets, have participants return to their seats. Ask participants:

a. What were some common experiences or practices?

b. What were less common experiences or practices?

c. Were there some diseases that you felt ashamed of having? Did that affect the way you dealt with having those diseases? How?

d. Were there some diseases that you felt angry about or blamed others for spreading? Did that affect the way you dealt with the diseases? How?

e. How can we make the management of communicable diseases more effective in Head Start?

***Points to Consider:***

- Communicable diseases are illnesses that spread from person to person. They are the most common cause of illness in young children.
- All of us do many things each day to prevent and manage communicable diseases—both at home and at work.
- Head Start staff and families have some similar and some different experiences, information, fears, and questions about communicable diseases. We can learn from reflecting on our own experiences, sharing them with others, and asking questions.
- Fear, anger, blame, and denial are common responses to communicable diseases, but they make us deal poorly with our illnesses. Acceptance and information can help us manage these diseases more effectively.
- To manage communicable diseases effectively, Head Start programs need clear health policies, up-to-date information, and sensitive communication among staff, parents, and children about communicable diseases.

***Activity 2: What Do We Think?***

**Purpose:** This activity helps participants develop strategies to work with people in the Head Start program who have diverse beliefs about communicable diseases.

For this activity, you will need:

- A copy of Handout B: What Do We Think? for each participant
- A copy of the Appendix handout: Colds and Flu, for each participant

**Step 1:** Explain that this activity helps us examine different beliefs about communicable diseases.

**Step 2:** Distribute Handout B: What Do We Think? Explain that participants should first write down their own answers to the questions. Then they should interview two people—another Head Start staff person and a parent—and write down their responses to the same questions. Ask participants to try to select people who are different from them in age, ethnicity, or lifestyle.

**Step 3:** After the interviews are complete, bring the participants back together to discuss their findings.

a. What were some of the similar beliefs about colds?

b. What were some of the different beliefs about colds?

c. How are the beliefs based on culture, education, and personal experience?

**Step 4:** Distribute the Appendix handout: Colds and Flu. Explain that this handout is the current information from public health authorities that guides Head Start's practices regarding colds. Give participants a few minutes to review it.

**Step 5:** Ask:

a. What differences are there between the "Colds and Flu" handout and the other beliefs about colds?

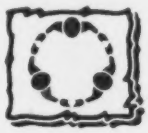
b. Understanding that the Head Start program is made up of people with all of these beliefs and more:

- What might be some potential conflicts in managing colds in a Head Start program?
- What are some strategies to resolve conflicts and establish common practices for preventing and managing communicable diseases in Head Start?

***Points to Consider***

- People have different beliefs about communicable diseases, including beliefs about the causes, prevention, and treatment of illnesses, and about different resources for information and treatment.
- Each person's beliefs are shaped by culture, education, and personal experience.
- Head Start staff must demonstrate sensitivity and respect for different beliefs and practices.
- Staff must also follow Head Start health policies guiding the management of communicable diseases in the program. Policies should be clear, up to date, and developed in cooperation with public health authorities and the Health Services Advisory Committee.

## *Activity 3: Working with People with Diverse Beliefs*



**Purpose:** This activity helps participants develop strategies to work with diverse beliefs about communicable diseases in Head Start.

For this activity, you will need:

- Four sheets of flip chart paper and a marker for each participant
- A copy of each of these Appendix handouts: Colds and Flu, Infectious Diarrhea, Head Lice, HIV/AIDS, for each participant

> ***Preparation Note:*** *Before the training, take out four pieces of flip chart paper. Write one of the following sentences at the top of each paper:*
>
> 1. *Colds and flu are caused by...*
> 2. *Most diarrhea is caused by...*
> 3. *Head lice keep going around the center because...*
> 4. *When caring for children with HIV/AIDS, I sometimes worry that HIV will be spread by...*

**Step 1:** Explain that the purpose of this exercise is to explore the wide range of beliefs and feelings about communicable diseases.

**Step 2:** Post the four flip chart sheets you have prepared around the room. Give participants markers and ask them to write as many phrases as possible on each sheet to complete each sentence with what they believe, what others believe, and things that they've heard.

**Step 3:** After about 10 minutes, ask participants to sit down. Read each statement and the different beliefs and feelings that were listed.

**Step 4:** Ask participants:

a. What is similar about all of the lists?

b. How are the beliefs based on culture, education, and personal experience?

**Step 5:** Distribute the Appendix handouts to participants. Explain that these handouts offer current information from public health authorities that guides Head Start's policies on communicable diseases.

**Step 6:** Beginning with Colds and Flu, give participants a few minutes

to review the handout. Ask participants:

a. Which statements from the flip chart list of causes of colds and flu are supported most by the information on the handout? (Circle them or write them down.)

b. Do the same for infectious diarrhea, head lice, and HIV/AIDS.

**Step 7:** Ask:

a. When managing colds and flu in a Head Start program, what might be some potential conflicts...

- due to diverse beliefs and feelings among staff and parents?
- due to strong feelings (e.g., anger, blaming, fear, shame)?

b. What are some strategies to resolve conflicts and establish common practices for managing communicable diseases in Head Start?

***Points to Consider***

- People have different beliefs about the causes, prevention, and treatment of communicable diseases and about resources for information and treatment.
- Each person's beliefs are shaped by culture, education, and personal experience.
- Anger, blaming, fear, and shame can make it difficult to prevent and manage communicable diseases effectively.
- To manage communicable diseases effectively, Head Start staff must:
  a. demonstrate sensitivity and respect for diverse beliefs and practices,
  b. follow Head Start health policies.
- Head Start health policies should be clear, up to date, and developed in cooperation with public health authorities and the Health Services Advisory Committee.

## *Activity 4: How Communicable Diseases Spread*

**Purpose:** This activity helps participants understand how communicable diseases spread and why they spread so widely.

For this activity, you will need:

- Flip chart paper
- Colored markers (red, blue, brown, green)
- Key to Activity 4: A: Communicable Diseases in Children; Key to Activity 4: B: How Commmuicable Diseases Spread (for trainer only)
- One index card and pen/pencil for each participant
- Overhead projector and transparency

***Preparation Note:*** *Before the activity:*

- *Copy the chart on Communicable Diseases in Children (Key to Activity 4: A) onto an overhead transparency.*
- *Copy the outline of the human body (Key to Activity 4: B) onto flip chart paper.*
- *Separate out eight of the index cards:*

  *a. On four cards, write a small letter in the lower right corner: "R" on one, "G" on another, "D" on another, and "B" on another*

  *b. On four cards, write a small letter "H" in the lower left corner*
- *Review Appendix: Communicable Disease Fact Sheets*

**Step 1:** Explain to participants that this activity helps them understand how communicable diseases spread.

**Step 2:** Show the overhead chart on Communicable Diseases in Children (Key to Activity 4: A). Briefly review the four main ways that communicable diseases are spread (respiratory, gastrointestinal, dermatologic, and blood-borne), common examples of the diseases, general symptoms of the diseases, and specific ways they spread in Head Start programs.

**Step 3:** Post the flip chart paper with the outline of the human body. Explain that, for each type of disease, the germs are carried by and spread from specific parts of the body. Color the parts accordingly (See Key to Activity 4: B):

- Respiratory (blue): nose, mouth and lungs
- Gastrointestinal (brown): mouth, stomach, intestines, bottom
- Dermatologic (green): skin, hair
- Bloodborne (red): blood throughout the body

Emphasize that *all* of the different germs can be carried on one part of the body—the hands. Color the hands with all of the colors.

**Step 4:** Explain to participants that they will play a game to see how quickly communicable diseases spread.

**Step 5:** Distribute an index card to each participant (Make sure that the eight index cards with letters on them are distributed). Ask participants to stand up, mingle with each other, and do the following:

- Introduce yourselves to someone and shake hands with them. Write your name on the other person's index card. Then return the card to the owner.

Tell participants that they will have one minute to do this as many times as possible. When the minute is up, have everyone sit down together.

**Step 6:** Ask the person who has an "R" in the lower right corner of his card to stand up. Explain that he has a respiratory disease—a cold—and got germs on his hands from blowing his nose.

Ask all participants who shook his hand and have his name on their cards to stand up. Explain that they caught his cold. Ask them all to continue to stand up.

**Step 7:** Ask the person who has an "G" in the lower right corner of her card to stand up. Explain that she has a gastrointestinal disease—diarrhea—and got germs on her hands from going to the bathroom.

Ask all participants who shook her hand and have her name on their cards to stand up. Explain that they caught her diarrhea. Ask them all to continue to stand up.

**Step 8:** Ask the person who has a "D" in the lower right corner of his card to stand up. Explain that he has a dermatologic disease—scabies—and got germs on his hands from scratching his rash.

Ask all participants who shook his hand and have his name on their cards to stand up. Explain that they caught his scabies. Ask them all to continue to stand up.

**Step 9:** Ask the person who has a "B" in the lower right corner of her card to stand up. Explain that she has a blood-borne disease—hepatitis B—and got germs on her hands from cutting her hand on a piece of glass.

Ask all participants who shook her hand and have her name on their cards to stand up. Explain that they caught her hepatitis B because they had a cut on their hand that allowed infected blood to enter their system. Ask them all to continue to stand up.

**Step 10:** Have participants look around the room. Ask: What do you observe?

**Step 11:** Ask for all participants who have an "H" in the lower left corner of their cards to raise their hands. Explain that they did *not* catch the disease because of good hand washing—they washed their hands at the proper time and so did the other people. Ask them to sit down.

**Step 12:** Ask: What did you observe about the spread of diseases through this activity?

***Points to Consider:***

- The majority of illnesses spread in early childhood programs are respiratory, gastrointestinal, and dermatologic diseases. The spread of bloodborne diseases is extremely rare.
- When only a few individuals have communicable diseases, they can spread widely among a group of people, for example, among children and adults in a Head Start program. The more people have close contact with each other, the more germs and diseases can spread.
- A few simple prevention measures, such as hand washing, can reduce the spread of disease.

## Communicable Disease in Children

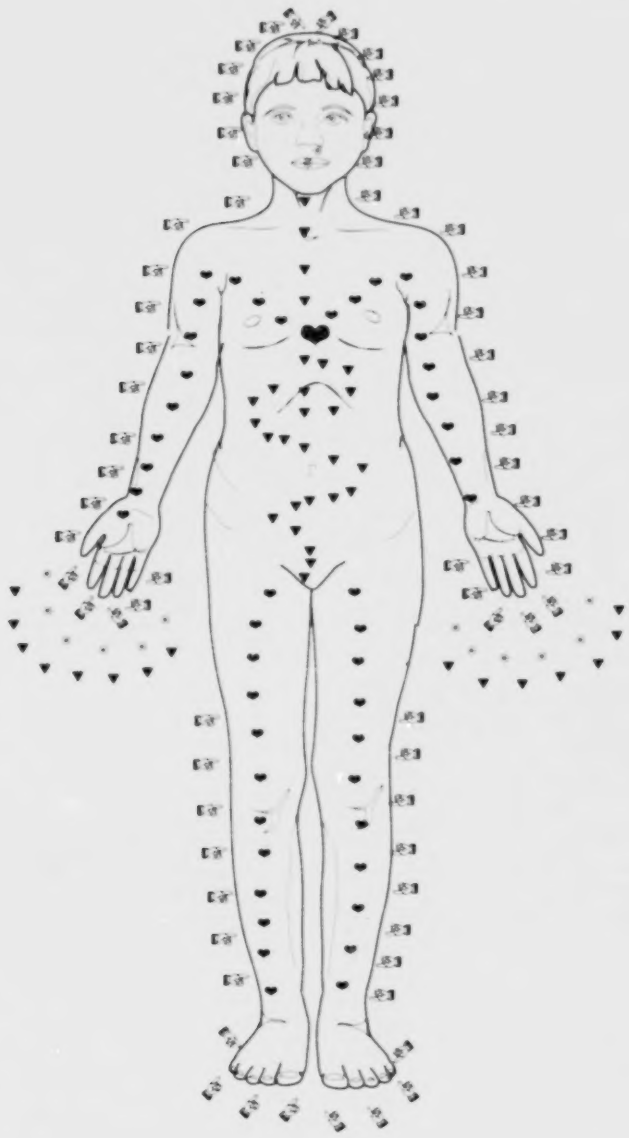
*Key to Activity 4: A*

| | Diseases | Possible Symptoms* | Spread By |
|---|---|---|---|
| **Respiratory** | "colds"<br>"flu"<br>ear infection<br>"strep" throat<br>scarlet fever<br>conjunctivitis<br>roseola<br>pneumonia<br>tuberculosis (TB)<br>chicken pox<br>fifth disease ("slap cheek")<br>haemophilus influenza B (HIB)<br>measles<br>mumps<br>rubella (German measles)<br>pertussis (whooping cough) | runny nose<br>ear ache<br>sore throat<br>cough<br>headache<br>fever<br>rash | • wiping nose with hand and then touching people and objects<br>• wiping children's noses and not washing hands afterwards<br>• coughing or sneezing into air<br>• sharing of mouthed toys by infants<br>• kissing children on the mouth<br>• poor ventilation |
| **Gastrointestinal** | rotavirus<br>hepatitis A<br>salmonella<br>shigella<br>campylobacter<br>giardia<br>pinworms<br>Coxsackie virus (hand, foot, and mouth)<br>Escherichia coli (E. Coli)<br>polio<br>amebas | stomach ache<br>nausea<br>vomiting<br>diarrhea | • not washing hands after toileting/diapering and before cooking/eating<br>• sharing of mouthed toys by infants<br>• not cleaning and disinfecting diapering/ toileting areas<br>• improper refrigeration and preparation of meat, poultry, eggs, or milk products |
| **Dermatologic** | impetigo<br>herpes<br>ringworm<br>lice<br>scabies | rash<br>oozing lesions<br>itching | • touching infected skin/ hair<br>• sharing clothes, hats, bedding, linen, hairbrushes, etc. |
| **Bloodborne** | hepatitis B<br>HIV/AIDS | fatigue<br>weight loss<br>fever | • contact with blood into broken skin or eyes, nose, or mouth<br>• sexual contact |

*NOTE: These are several symptoms that may be associated with the general classes of diseases. However, many diseases have symptoms which may or may not be listed in the brief list of possible symptoms.

## How Communicable Diseases Spread

***Key to Activity 4: B***



- Respiratory (blue): nose, mouth, lungs
- Gastrointestinal (brown): mouth, stomach, intestines, bottom
- Dermatological (green): skin, hair
- Bloodborne (red): blood throughout body

(*All diseases and all colors: hands*)

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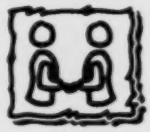
## *Activity 5: Spreading Germs*



**Purpose:** This activity helps participants understand how communicable diseases spread and identify specific behaviors that spread disease in Head Start.

For this activity, you will need:

- Flip chart paper
- Colored markers (red, blue, brown, green)
- Key to Activity 4: A: Communicable Diseases in Children; Key to Activity 4: B: How Commmuicable Diseases Spread (for trainer only)

> ***Preparation Note:*** *Before the activity:*
>
> - *Copy onto flip chart paper:*
>   - *The chart on Communicable Diseases in Children (Key to Activity 4: A). Don't fill in the last column, "Spread by..."*
>   - *The outline of the human body (Key to Activity 4: B)*
> - *Review Appendix: Communicable Disease Fact Sheets*

**Step 1:** Explain to participants that this activity will help them understand how communicable diseases are spread.

**Step 2:** Post the chart on Communicable Diseases in Children. Briefly review the four main ways that communicable diseases are spread—Respiratory, Gastrointestinal, Dermatologic, and Bloodborne. Discuss common examples of the diseases and general symptoms.

**Step 3:** Post the outline of the human body. Explain that, for each type of disease, the germs and parasites are carried by and spread from specific parts of the body. Color the parts accordingly (See Key to Activity 4: B: How Communicable Diseases Spread):

- Respiratory (blue): nose, mouth, and lungs
- Gastrointestinal (brown): mouth, stomach, intestines, bottom
- Dermatologic (green): skin, hair
- Bloodborne (red): blood throughout the body

Emphasize that *all* of the different germs can be carried on one part of the body—the hands. Color the hands with all of the colors.

**Step 4:** Have participants list the specific ways that communicable diseases spread in early childhood programs, keeping in mind the parts of the body and the body fluids that carry different types of diseases. Write these down in the last column ("Spread By...") of the chart on Communicable Diseases in Children (See Key to Activity 4: A: Communicable Diseases in Children).

**Step 5:** Ask participants:

a. Were you surprised by the way that any of the diseases was spread? (For example, although chicken pox involves skin lesions, it is spread by the respiratory route; and hand, foot, and mouth syndrome is spread by the gastrointestinal route.)

b. Why might it be important to know how specific diseases are spread?

***Points to Consider:***

- The majority of illnesses spread in early childhood programs are respiratory, gastrointestinal, and dermatologic diseases. The spread of bloodborne diseases is extremely rare.

- It is important to understand how diseases are spread in order to know how to prevent their spread. For example, if there is an outbreak of hand, foot, and mouth syndrome (Coxsackie virus), which is spread by the gastrointestinal route, staff members should review their universal precautions to prevent gastrointestinal diseases (e.g., diapering, hand washing, disinfecting, and food preparation) to see where there has been a breakdown.

***Next Steps: Ideas to Extend Practice***

***Teaching Children about Germs***

Set up activities to help children understand about germs and illnesses, for example:

- Explain what germs are, where you find them, and how they spread. Remind children that we usually cannot see germs even when they are there.
- Have them draw pictures of germs and make a collage.
- Grow germs on a piece of bread. Introduce germs by touching the bread or putting mucus, saliva, or dirt on it. Moisten it with water, seal it in a plastic baggie, and keep in a warm place. Observe germs growing for a week.
- Demonstrate a microscope.

***Discussing Beliefs about Communicable Diseases***

Set up a staff-parent workshop to discuss communicable diseases. Invite health professionals and families from different cultural backgrounds. Discuss different beliefs and emphasize the importance of respecting diverse beliefs and practices. Discuss the lessons for children on communicable diseases and encourage parents to reinforce the lessons at home. Allow staff and parents to ask questions and express their concerns about the prevention and management of communicable diseases in Head Start.

***Observing the Spread of Germs in Head Start***

As a follow-up to Activities 4 and 5, have staff return to their Head Start duties and observe behaviors that may spread germs. Staff should be aware of their own behaviors as well as the behaviors of other staff, parents, and children. Pay special attention to coughing/sneezing, wiping noses, diapering, toileting, and handling food. Also note behaviors that might prevent the spread of germs, such as, hand washing, cleaning, and disinfecting. Discuss the observations in a staff meeting.

## Handout A: Who Has Had This Experience?

| ***Find Someone Who . . .*** | ***Sign Here*** |
|---|---|
| Opens windows to prevent the spread of illnesses. | _____ |
| Has chapped hands from washing them so much. | _____ |
| Teaches children to cough into their elbow or shoulder. | _____ |
| Carries latex gloves on the playground. | _____ |
| Has seen a child with chicken pox. | _____ |
| Has dealt with a case of giardia in child care. | _____ |
| Has caught conjunctivitis (pink eye) from a child. | _____ |
| Has a child who caught head lice in school. | _____ |
| Missed work this year to take care of a sick child. | _____ |
| Knew someone with a disease that could have been prevented by immunization. | _____ |
| Got a flu shot this year. | _____ |
| Has discussed communicable diseases with a health professional. | _____ |

*For use with Activity 1*

## Handout B: What Do We Think?

**Why do people catch colds?**

My ideas: _____

_____

_____

Other staff person's ideas: _____

_____

_____

Parent's ideas: _____

_____

_____

**What can we do to reduce the spread of colds?**

My ideas: _____

_____

_____

Other staff person's ideas: _____

_____

_____

Parent's ideas: _____

_____

_____

**When you catch a bad cold, what do you do to get better? Whom do you ask for advice?**

My ideas: _____

_____

_____

Other staff person's ideas: _____

_____

_____

Parent's ideas: _____

_____

_____

*For use with Activity 2*

# Preventing Communicable Diseases

***Outcomes***

*After completing this module, participants will improve their practices to reduce the spread of diseases.*

***Key Concepts***

- **Health screenings and immunizations—for all children, family members, and staff—are important to prevent the spread of diseases.**
- **You can't tell by looking at people whether they carry a communicable disease. To prevent the spread of diseases, we must take the same infection control precautions at all times with all people.**
- **Staff, children, and parents should follow daily infection control practices to prevent the spread of disease:**
  - **Wash hands at proper times and with the proper technique.**
  - **Use latex or vinyl gloves for contact with blood.**
  - **Clean and disinfect objects and surfaces regularly.**
  - **Prepare and handle food in a sanitary manner.**
  - **Dispose of wastes properly.**
  - **Provide fresh air and ventilation.**

***Background Information***

**A. Health Maintenance**

The best defense against communicable disease is a healthy body. Intact skin is an excellent barrier to germs. A strong immune system fights off most of the germs that enter the body. When we take care of our bodies with proper nutrition, exercise, and rest, our bodies can usually take care of us.

All children and adults should have periodic health screenings. This helps identify special health needs and makes treatment to prevent further

health problems possible. The health screening items most relevant to communicable disease are:

1. **Immunizations** (or vaccines) protect children and adults against serious illnesses. For the best protection, children should begin getting immunizations at birth and receive the entire series within the first 15 to 18 months of life. Currently, it is recommended that children be immunized against the following diseases:

   - Polio
   - Diphtheria
   - Tetanus
   - Pertussis (whooping cough)
   - Haemophilus influenza B
   - Measles
   - Mumps
   - Rubella (German measles)
   - Hepatitis B
   - Varicella (Chicken pox)

   Staff and parents should consult their health care provider about the following immunizations: polio, measles, mumps, rubella, tetanus, diphtheria, hepatitis B, influenza, pneumococcus, and chicken pox.

   **Note:** Since new immunizations can become available any time, consult your local public health authorities to learn the most current recommendations.

2. **Tuberculin (TB) Test** Tuberculosis (TB) is a communicable disease that can cause cough, pneumonia, fevers, weight loss, and even death. Young children, seniors, and people with health problems are especially at risk. TB spreads by coughing. The infection enters the lungs and may cause no symptoms for years.

   Young children and adults working with children should get tested periodically for TB. The recommended test, Mantoux or PPD, involves an injection on the forearm. After 2-3 days, the site is checked for swelling indicating TB infection. If there is a reaction, further evaluation including a chest x-ray is needed to determine treatment and follow-up. When TB is identified early, it usually can be treated successfully with antibiotics.

### B. Special Health Needs

Children and adults may have special health needs related to communicable diseases:

- Some health conditions weaken the body's immunity and make the person more susceptible to complications from communicable diseases. Examples of such conditions include diabetes, sickle cell anemia, asthma/lung disease, heart defects, kidney disease, HIV/

AIDS, cancer chemotherapy, organ transplant, and steroid medications.

- Some medical equipment and procedures make a person vulnerable to infection. Examples include feeding tubes, tracheostomy, ventricular (brain) shunt, urinary catheterization, and intravenous lines.

- Pregnant women are at risk for certain communicable diseases that can cause miscarriage, birth defects, or illness in the newborn. Examples include rubella (German measles), measles, mumps, hepatitis B, cytomegalovirus (CMV), herpes, parvovirus (fifth disease, "slap cheek"), chicken pox, and HIV.

- Some people carry "chronic" infectious diseases for many years or for life. Examples include herpes, hepatitis B, HIV, CMV, and salmonella.

- Some children have conditions or behaviors that increase the spread of germs. For example, mouthing behaviors in older children can increase their chances of getting sick. Drooling, biting, and having older children in diapers can increase the spread of germs to other children and adults.

Head Start programs should be aware of the specific immunizations, medications and precautions needed for children and staff with special health needs.

### C. Universal Infection Control Precautions

"Infection control" practices help reduce the spread of illnesses caused by germs. "Universal precautions" means using the same infection control practices—such as hand washing, using gloves, and cleaning and disinfecting—when dealing with the blood or body fluids of all children and adults, at all times.

It isn't enough to take precautions only when someone looks sick. People can carry and spread infections when they appear sick **and** when they appear healthy. Many infections (e.g., colds, flu, chicken pox, hepatitis A) are contagious in the day or two *before* symptoms develop. People can carry some infections (e.g., hepatitis B, HIV, CMV, giardia) without any symptoms for a long time.

Universal infection control precautions are effective in preventing the spread of illness. For example, careful hand washing has been shown to reduce the incidence of diarrhea in early childhood programs by half.

1. **Hand washing:** This is the most important infection control measure. Staff, children, and parents should wash their hands:

   *BEFORE AND AFTER*
   - preparing and serving food, feeding children, and eating/drinking
   - taking or giving medication
   - doing mouth/eye care and medical procedures

   *AFTER*
   - toileting, diapering, assisting a child at the toilet, and handling soiled clothes
   - touching blood, skin lesions, eye discharge, saliva, vomit, urine, stool, and mucus (including wiping noses)
   - playing or working outdoors
   - handling animals
   - cleaning up

   (For proper technique, see Handouts C: Hand Washing and E-1: Hand Washing Checklist)

2. **Gloves:** When caregivers deal with blood and body fluids, the best protection is intact skin and hand washing. Disposable latex or vinyl gloves provide added protection.

   The Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) recommend gloves for contact with blood, mucous membranes (e.g., mouth and eyes), and discharges. Use gloves for:

   - Caring for bloody injuries/incidents (e.g., bloody noses),
   - Cleaning surfaces and handling items soiled with blood,
   - Changing diapers with bloody stool or oozing diaper rash,
   - Caring for oozing skin rashes or lesions,
   - Providing mouth or eye care and medical procedures,
   - Cleaning up large spills of other body fluids (e.g., vomit, urine, and stool).

   (For proper technique, see Handout D: Gloving)

3. **Diapering and Toileting:** Stool carries germs that cause gastrointestinal illnesses. The germs in stool spread widely among

children in diapers and those learning toileting. Adults who diaper and assist children with toileting can also spread germs.

The keys to infection control in diapering/toileting are:

- Diaper children on an elevated surface used only for diapering, away from food preparation, and within reach of hand washing.
- After diapering and toileting, both child and adult must wash their hands.
- Clean and disinfect the diapering surface after each use.
- Clean and disinfect toileting areas daily and when soiled.
- Discard dirty diapers in a covered step can.
- Avoid having staff who change diapers prepare food.

(For proper techniques, see Handout E-2: Diapering Checklist)

4. **Cleaning and Disinfecting:** Germs inevitably spread to surfaces and objects. That is why surfaces and objects must be cleaned and disinfected on a regular schedule and after soiling with blood or body fluids.

   - **Cleaning:** Use soap and water to wash away visible soil and many germs.
   - **Disinfecting or sanitizing:** Use a special solution (e.g., bleach or other approved disinfectant) to kill germs that remain on the surface after cleaning. They can be effective only if the visible soil, which harbors germs, is cleaned off first.

   (For schedule and technique, see Handout E-3: Cleaning & Disinfecting Checklist)

5. **Disposal and Laundry:** Items soiled with stool, blood, or other body fluids must be disposed of or laundered properly to prevent the spread of disease:

   - Discard disposable items (e.g., diapers, gloves, paper towels, tissues) immediately. Trash cans should be:
     - within reach of diaper changing, hand washing, and food preparation areas

- operated by a foot pedal
- tightly covered
- lined with a plastic bag, emptied and disinfected daily

- Seal clothes, bedding, and cloth toys soiled with stool, urine, blood, or other body fluids in a plastic bag until laundering.

6. **Food Handling:** Preparing and eating food is fun and healthy. If food is handled improperly, however, germs can spread to everyone who eats the food. Most food-borne illness causes vomiting and diarrhea, and such illnesses can be especially severe for infants, young children, seniors, and people with immune problems.

   The main causes of foodborne illness are using poor hygiene when handling food (e.g., not washing hands, preparing food when ill), not cooking meat and poultry sufficiently, and letting "perishable" foods (e.g., meat, fish, poultry, milk, eggs, mayonnaise) sit out at room temperature.

   In every activity that involves food, staff, parents, and children must pay careful attention to food safety:

   - Ensure good hygiene, especially hand washing, among food handlers.
   - Refrigerate perishable foods until preparation.
   - Cook meat and poultry thoroughly.
   - Keep hot foods hot and cold foods cold when serving.
   - Discard uneaten food from plates, milk from bottles, and family-style bowls of perishable food after two hours.
   - Clean and disinfect cutting boards, utensils, and tables.

   (For details, see Handout E-4: Food Handling Checklist)

7. **Air Quality:** Most people believe that exposure to cold air can give you a cold. Actually, research shows that fresh air is healthy. When children and adults spend long periods of time together indoors—particularly in small, overheated, and poorly-ventilated spaces—diseases spread widely.

To disperse the germs and reduce the spread of illness:

- Open windows to improve indoor ventilation.
- Maximize outdoor play time.

8. **Other Hygiene Issues**

**Kissing:** It is important to show children affection without spreading germs to them or catching their illnesses. Don't kiss children on the mouth, give them hugs instead.

**Sneezing and coughing:** The old adage, "Cover your mouth when you sneeze or cough" may prevent you from spraying saliva, mucus, and germs into the air, but you spray germs onto your hands instead. If you don't wash your hands immediately, then you spread germs when you touch people and objects afterward. A healthier way to sneeze and cough is:

- Into your elbow or shoulder
- Facing down and away from people

**Toothbrushes:** Since toothbrushes can pick up and spread germs from our mouths, it is important to follow careful hygiene with toothbrushing:

- Have a personal, labeled toothbrush for each child.
- If toothpaste is used, dispense it onto a clean surface (e.g., a piece of paper or the edge of a paper cup) to prevent contaminating the tube from each toothbrush.
- Store toothbrushes with bristles up, not touching other brushes, and allow to air-dry.
- Replace toothbrushes when bristles are splayed and when contaminated. They cannot be disinfected.

**Water play tables and portable wading pools:** Water play can be fun and refreshing for children. However, water play tables and wading pools can spread disease. For safer water play:

- Give children individual water basins.
- Have children wash their hands before and after using the water basin.

- After each use, empty out the water and clean and disinfect the basin.
- Use sprinklers and hoses instead of wading pools.

**Sandboxes:** Since cats and other animals may use sandboxes as litter boxes, they can spread germs to children. For healthier sand play:

- Use only sterilized sand and replace it every two years.
- Cover sandboxes when not in use.
- Make sure that children wash their hands after playing in the sand.

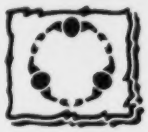
***Questions for Discussion/ Reflection***

We've heard some infection control messages such, as "Wash your hands," for years. We may think we know about disease prevention and that there's nothing more we need to learn about it. However, recommendations change (such as immunizations) and new recommendations are made (such as using gloves). And we don't always put the infection control methods we *do* know into daily practice (such as hand washing).

What factors keep us from practicing infection control?

- Not knowing the procedures
- Not believing they are effective
- Not having the time
- Not having the necessary supplies
- Having other demands that are more urgent

## *Activity 1: Hand Washing: Doing It Right*



**Purpose:** This activity helps participants perfect their hand-washing skills.

For this activity, you will need:

- Sinks, liquid and bar soap, paper and cloth towels, hand lotion, trash can
- A copy of Handout C: Hand Washing, for each participant

**Step 1:** Explain that this exercise looks closely at all of the steps in hand washing to reinforce the proper technique.

**Step 2:** Review the recommendations for when adults and children should wash their hands (*see* Background Information).

**Step 3:** Set up the hand-washing demonstration at an actual sink or at a "pretend sink" with faucets.

Ask for a volunteer to help demonstrate the proper hand-washing technique. Explain that she has just helped a child with toileting. Ask her to describe what she is doing at each step.

**Step 4:** When the volunteer turns on the water, ask:

a. Is hot or cold water better? *(Answer—Warm water is preferred for comfort and to help dissolve grease and grime, but cold water works, too.)*

b. Is it okay for adults and children to wash hands in a stoppered sink or a bowl? *(Answer—You must wash your hands under running water that drains away because standing water can spread germs.)*

**Step 5:** When the volunteer is ready to soap her hands, ask:

a. Which is better, liquid or bar soap? *(Answer—Liquid soap is preferred because it is easier to handle, but bar soap is okay.)*

b. Is antibacterial soap necessary? *(Answer—Antibacterial soap does not add any benefit in hand washing.)*

c. What parts of your hands should you scrub? *(Answer—Be*

*sure to wash all surfaces. Germs accumulate between the fingers, under fingernails, on jewelry, and around the wrists.)*

d. How long should you scrub your hands? *(Answer—Scrub hands for at least 10 seconds.)*

**Step 6:** When the volunteer rinses her hands, offer her the towels and ask:

a. Which is better, a paper or cloth towel? *(Answer—A disposable paper towel is preferred since a cloth towel can carry germs.)*

**Step 7:** When the volunteer turns off the water, observe whether she uses the paper towel to turn off the faucet and then throws it in the trash. If she turns off the faucet with her bare hands, ask:

a. What could be improved in this hand-washing technique? *(Answer—The faucet is covered with germs because you turned it on when your hands were dirty. **Don't** touch the dirty faucet with your clean hands. Leave the water running while you dry your hands and turn off the faucet with the paper towel. Then throw the paper towel away.)*

b. What kind of trash can is best? *(Answer—The trash can should be lined with a disposable plastic bag. Its cover should be tight fitting and operated with a foot pedal, so you don't have to touch the lid, which is full of germs.)*

**Step 8:** Offer the volunteer some hand lotion and ask:

a. Why might it be helpful to use hand lotion? *(Answer—If you wash your hands as often and thoroughly as recommended, they may get chapped. Maintaining intact skin is important to prevent the spread of diseases.)*

**Step 9:** Thank the volunteer for the demonstration. Distribute Handout C: Hand Washing, to everyone.

**Step 10:** Ask participants:

a. What new things did you learn about hand washing?

b. What gets in the way of your following all the recommended steps in hand washing in Head Start?

c. What would make it easier for you to follow the recommendations for hand washing in Head Start?

d. What are some strategies for teaching children to wash their hands properly?

***Points to Consider:***

- Hand washing is the most important practice to prevent the spread of disease in Head Start.
- The most common problem in hand washing is contaminating your clean hands from the dirty faucets. To prevent this:
  - Turn off the faucets with a paper towel.
  - Clean and disinfect the faucets daily.
  - When renovating or building child care facilities, consider installing sinks with faucets operated by elbow, knee, or foot pedals or by electronic sensors.
- There are many reasons why hand washing is not done properly in Head Start—being in a rush, not having accessible sinks, running out of soap or paper towels, not knowing the proper technique, and not understanding the importance of each step. Some strategies to improve hand washing include:
  - displaying hand-washing posters throughout the center
  - reviewing facilities to ensure access to sinks
  - making sure supplies are stocked
  - having periodic monitoring and in-service training on hand-washing techniques

## *Activity 2: The Art of Gloving*

**Purpose:** This activity helps participants perfect their technique in using gloves.

For this activity, you will need:

- Latex or vinyl gloves for each participant and the trainer
- Red paint (water-based)
- Plastic bags
- Diaper wipes
- A copy of Handout D: Gloving, for each participant

**Step 1:** Explain that this exercise helps us learn the proper technique for using gloves.

**Step 2:** Review the importance of using gloves and when to use them (*see* Background Information).

**Step 3:** Tell participants to imagine that you are caring for a child who got a bloody nose on the playground. Put on the gloves. Cover your hands with red paint representing the blood and germs.

**Step 4:** Explain that the bleeding has stopped, and you are walking the child back to the classroom. Touch the door, another child, or your face.

- Ask: What is wrong with this? *(Answer—Once the gloves are dirty, remove them and discard them promptly. Be careful that you don't contaminate yourself, objects or other people with the dirty gloves.)*

**Step 5:** Say: Oh no, another child just skinned her knee! It's lucky that I still have my gloves on.

- Ask: What's wrong with this? *(Answer—You must put on a fresh pair of gloves before each procedure. If you reuse gloves, you spread germs from one child to another.)*

**Step 6:** Say: There's really nothing to taking off gloves, right? Remove the gloves incorrectly, grabbing the gloves at the wrists, and getting paint on your hands.

- Ask: What's wrong with this? *(Answer—If you remove gloves incorrectly, you contaminate your hands.)*

**Step 7:** Slowly, demonstrate how to remove gloves correctly:

- Grab the first glove at the palm of the hand—only touch dirty surfaces to dirty surfaces.
- Grab the second glove underneath at the wrist—only touch clean surface to clean surfaces—and remove by turning it inside-out, with the dirty outer surface inward.
- Dispose of the dirty gloves immediately in a plastic bag or plastic-lined trash can.
- Wash your hands afterward.

**Step 8:** Distribute a pair of gloves and Handout D to each participant.

**Step 9:** Have participants pair up to practice putting on and removing the gloves correctly. Partners should observe and help each other.

**Step 10:** After a few minutes, offer them the chance to cover their gloves in paint and test their technique in removing the gloves. Give them a plastic bag to dispose of the gloves and diaper wipes to clean their hands.

**Step 11:** Ask:

a. What did you learn from this activity?

b. How can Head Start help staff use gloves correctly?

***Points to Consider:***

- Gloves are important to protect staff, children, and families from the spread of disease.
- Gloves provide protection *only* when used correctly. If you use gloves incorrectly, you actually risk spreading more germs than if you didn't use gloves at all.
- Using gloves might seem simple, but staff members need to learn and practice the proper technique. Don't develop carelessness or a false sense of security when using gloves.

- To use gloves at the proper times, we need to prepare in advance by making gloves accessible where they may be needed—the playground, first aid kit, diaper changing table, and with cleaning supplies. The closer at hand gloves are—in an apron pocket or a fanny pack—the more likely they are to be used.

- For special medical procedures such as tube feeding or tracheostomy care, be sure to wash your hands before putting on gloves to avoid spreading germs to the child.

## *Activity 3: Checking Up on Infection Control*

**Purpose:** This activity helps programs review their infection control practices, identify problems, and make plans for improvement.

This activity is particularly helpful for the management team, classroom teachers, aides, and food service workers. You will need:

- Copies of Handouts E:1-4: checklists on Hand Washing, Diapering, Cleaning and Disinfecting, and Food Handling, for each participant
- Pens/pencils

**Step 1:** Explain that there are many details involved in preventing the spread of germs. This activity helps assess infection control practices and identify how to do them better.

**Step 2:** Distribute Handouts E:1-4. Have participants spend 30-40 minutes observing their program's infection control practices. Instruct them to complete the yes/no part of the checklist but leave the "Comments" section blank for now.

**Step 3:** Bring the participants back together. Have participants review their checklists. Congratulate them for each "Yes" item. For every "No" item, discuss:

a. Why is this practice important to prevent the spread of germs?

b. Is this a practice that you want to improve?

c. What can get in the way of doing this correctly?

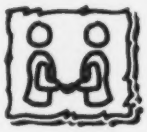
d. What do you need to make the improvement? In the "Comments" section:

- List your suggestions for improvement (e.g., revising the policy, training other staff, posting instructions, getting supplies).
- What do you need to make the change?
- Who will take responsibility for the change?
- Set a timeline for making the changes.

***Points to Consider:***

- Following infection control practices routinely is crucial to preventing the spread of communicable diseases. Programs need complete and up-to-date infection control policies, staff training, and proper supplies and facilities.
- Programs should periodically monitor and improve their infection control practices.

## *Activity 4: Why Is Everyone Sick?*



**Purpose:** This activity helps participants identify practices that contribute to the spread of disease and develop strategies to reduce the spread of disease in Head Start.

This activity is particularly helpful for classroom staff, food service workers, and home visitors. You will need:

- Flip chart paper, marker
- Copies of Appendix handouts: Giardiasis, Pinworms, and of E:1-4 checklists: Hand Washing, Diapering, Cleaning and Disinfecting, and Food Handling, for each participant
- A copy of Handout F1-2: Why Is Everyone Sick? for each participant
- Key to Activity 4 (for trainer only)
- Pens/pencils

**Step 1:** Tell participants to imagine that they are each the new health coordinator for Germtown Head Start. In their orientation, the program director says:

"Whenever anyone in our parent-infant program gets sick, it just seems to go through the whole center. All the children get sick, and their siblings and parents catch it, too. Staff get sick and bring the illness home to their families. Once this year, we had to shut down the program because we didn't have enough staff.

"Most of the illnesses that go around are mild—colds, flu, vomiting, and diarrhea. But we've also had giardiasis and pinworms spread through the center.

"Can you help figure out why these diseases are spreading around and what we can do to keep everyone healthier?"

**Step 2:** Ask:

a. Are there any diseases mentioned that you need to know more about in order to solve this problem?

b. What resources would you use?

**Step 3:** Explain that you called your health consultant or local department of public health to discuss the situation, and they sent you information. Distribute handouts from the Appendix: Giardiasis, Pinworms; and handouts E:1-4: Hand Washing, Diapering, Cleaning and Disinfecting, and Food Handling. Allow a few minutes for review.

**Step 4:** Ask: Now that you have some background information...

- What staff members would you want to talk with?
- What would you want to ask them?
- What would you want to observe at the program?

**Step 5:** Distribute Handouts F:1-2: Why is Everyone Sick? Explain that page 1 is the report from the lead teacher, and page 2 has pictures of what the participants observe in the program.

**Step 6:** Allow 10-15 minutes to review the handouts. Using the checklists as guides:

- In the report, underline practices that spread disease.
- In the pictures, circle items that spread disease.
- In the checklists, check "No" where there are problems with infection control.

**Step 7:** Post two flip chart papers side-by-side. On the left page write "Practices That Spread Disease" and on the right page write "Recommendations" (*see* Key to Activity 4).

Ask: From your discussions with staff, observations in the classroom, and research...

a. What are the practices that might spread disease in Germtown Head Start? (List on the left page.)

b. For each practice that spreads disease, what changes would you recommend to reduce the spread of disease? (List on the right page.)

**Step 8:** Ask:

a. What strategies would you discuss with the director to implement the changes needed? For example:

- What health policies need to be made?
- What staff training is needed?
- What education is needed for children and parents?
- What changes in the facility are needed?

b. What resources would you draw on?

**Step 9:** Ask:

a. How would you phase in the changes over time?

b. How would you monitor the changes and the impact on disease in the program?

**Step 10:** Ask:

How can Head Start home visitors use this information when they visit families, observe the facilities and practices in the homes, and discuss health issues with parents?

***Points to Consider:***

- Communicable diseases spread in Head Start programs because of hygiene practices both in the centers and in homes.
- Program managers should discuss communicable diseases issues with each other, observe staff and parents' practices, and draw on the assistance of local health resources to identify practices that lead to the spread of disease.
- To implement effective infection control and reduce the spread of disease, programs may need to revise their health policies, conduct staff in-service training, provide education for children and parents, make changes in the facility, and do close monitoring and follow up.

## Why Is Everyone Sick?

*Key to Activity 4*

| [illegible] | [illegible] |
|---|---|
| Changing diapers on floor where children play, eat, and sleep | Change diapers on elevated changing table near hand washing and away from food area |
| Not using fresh gloves for each diaper change | Use fresh gloves for each diaper change |
| Allowing children with diarrhea to attend | Don't let children with diarrhea attend |
| Disposing of dirty diapers/gloves in open trash can | Dispose of dirty diapers/gloves in plastic-lined, covered step can |
| Staff, parents, and children not washing hands after diaper changes | Have staff, parents, and children wash hands after diapering |
| Leaving milk out on the counter | Refrigerate milk until ready to serve |
| Staff who change diapers also preparing food and bottles | Avoid having people who change diapers prepare food and bottles |
| Not cleaning and disinfecting mouthed toys | Clean/disinfect mouthed toys |
| Using potty chair in play area | Have children use toilets in bathroom. Make bathroom/sink accessible |
| Not cleaning table before and after meals | Clean/disinfect tables before and after meals |
| Children, staff, and parents washing hands/face in the communal bowl | Have children, staff, and parents wash hands with soap/running water in sink |
| Children using common washcloth/towel | Use disposable paper towels for washing faces/drying hands |
| Saving leftover food for next meal | After meals, discard milk and uneaten food that is perishable or has been in a child's mouth or hands |
| Keeping children indoors all day | Open windows to increase ventilation indoors; increase outdoor play |



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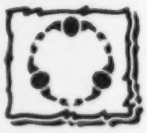
## *Activity 5: Let's Have a Picnic*



**Purpose:** This activity helps participants identify proper food handling practices to prevent the spread of disease.

This activity is particularly helpful for food service workers, classroom staff, and parents involved in food preparation. You will need:

- Five pieces of flip chart paper and five markers
- Handout E-4: Food Handling Checklist (for trainer only)

**Step 1:** Explain that this activity involves planning a picnic. Participants will pay special attention to safe food handling to prevent the spread of disease.

**Step 2:** Say: It's a great day for a picnic—sunny and warm. The menu for the picnic is fried chicken, potato salad, melon, and milk. Infants will drink formula and eat baby food.

**Step 3:** Divide participants into five groups. Assign each group a topic: food selection, storage, preparation, serving, and cleanup.

Give each group a flip chart paper and marker. Ask the groups to spend 5-10 minutes listing some important considerations for their topic in planning this picnic. (For example, under "Preparation": "Cook the chicken thoroughly, until the juices run clear.")

**Step 4:** Bring the groups back together. Allow each group a few minutes to present its list. Ask the other participants to add any points that they feel are important.

Use Handout E-4: Food Handling Checklist as a guide to the main points to elicit.

**Step 5:** Ask:

a. Over the past few years in your program, have you had any foodborne illnesses or unexplained outbreaks of vomiting and diarrhea that might be associated with unsafe food handling?

b. What have you observed about food safety practices in your Head Start program—picnics, cooking projects, snacks, lunches, potluck meals, conferences, and fundraisers?

c. How might these food safety principles apply to food activities at your program?

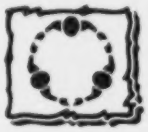
d. How can Head Start home visitors use this information when they visit families, observe the facilities and practices in the homes, and discuss food safety with parents?

e. What are some strategies for teaching proper food handling to children?

***Points to Consider:***

- Food is a source of health and well-being; but it can also be a source of illness when handled improperly.
- Most often foodborne illness result from using poor hygiene (e.g., not washing hands, preparing food when ill), not cooking meat and poultry sufficiently, and letting "perishable" foods (e.g., meat, fish, poultry, milk, eggs, mayonnaise) sit out at room temperature.
- Foodborne illness spreads in Head Start programs because of hygiene practices both in the centers and in homes.
- To prevent foodborne illness, programs must ensure that food vendors, staff, parents, and children conduct all aspects of food handling—selection, storage, preparation, serving, and cleaning—in a safe and sanitary manner (*see* Background Information).

## *Activity 6: Promoting Fresh Air*



**Purpose:** This activity helps participants develop strategies to improve air quality in the program in order to reduce the spread of illness in Head Start.

For this activity, you will need:

- A copy of Handout G: Air Quality, for each participant

**Step 1:** Explain that this exercise explores policies to improve air quality and reduce the spread of illnesses in Head Start.

**Step 2:** Divide participants into three groups. Instruct participants to take on roles for the exercise:

- Group 1 members are directors of programs
- Group 2 members are teachers
- Group 3 members are parents

**Step 3:** Distribute Handout G: Air Quality. Explain that public health authorities recommend these policies to improve the air quality and reduce the spread of diseases in early childhood programs.

The directors would like to incorporate all of these air quality standards into the health policy for their program. Review each point.

**Step 4:** Ask teachers: What are some of your concerns?

If the teachers don't raise any concerns, give a few examples:

- When it's 68 degrees in the center, it feels a little cold.
- When I go on my break, I feel that I need a cigarette. Why can't I smoke at school?
- I like to have the children all playing next to each other, so they're easier to supervise.
- I'm afraid to let children play outdoors because there have been some drive-by shootings nearby.

Ask the directors to respond to the teachers' concerns.

**Step 5:** Ask the parents: What are some of your concerns?

If the parents do not raise any concerns, give a few examples:

- Don't the babies catch colds if there's a draft?
- I don't like my child playing outdoors so much because she skins her knees and gets her clothes dirty.
- I'm worried about the children playing outdoors when it's hot out; they'll get sunburned and overheated.
- Kids can't play outdoors when it's cold and rainy; they'll get wet and chilled and catch pneumonia.

Ask the directors to respond to the parents' concerns.

**Step 6:** Ask participants ("directors," "teachers," and "parents"):

- Given the concerns among staff and parents, what steps should the program take to implement the policy on air quality?
- What strategies might be helpful for teaching children about the importance of fresh air and addressing some of their concerns (e.g., being too cold, wet, or sick)?
- How might this process be useful for implementing other health policy changes?

***Points to Consider:***

- Although research has shown that fresh air is healthy, many Head Start staff, parents, and children have fears and concerns about cold air.
- Fresh air is one example of a health issue that can raise concerns among staff, parents, and children. For this, and for all health issues, programs should maintain open communication and be sensitive to the concerns of staff, parents, and children.
- Programs can use staff-parent meetings, health workshops, and classroom activities to provide information and address concerns.

***Next Steps: Ideas to Extend Practice***

***Teaching Children to Prevent the Spread of Germs***

Set up activities to teach children to prevent the spread of germs:

a. Have them rub cooking oil on their hands then sprinkle on cinnamon to represent germs that we can't see. Practice scrubbing hands all over with soap and water to wash away all of the "germs." Remind them that this is how we all need to scrub our hands every time, even when we can't see the germs.

b. Teach children to catch their coughs and sneezes in their elbows.

c. Teach them to share food without sharing germs. At snack time, practice sharing food in different ways:

- Food in individual units (e.g., carrots, crackers): Touch only the one that you take.
- Food to be divided into portions (e.g., casserole, rice, pudding): Use a clean knife/spoon to cut and serve onto individual plates.
- Liquids (e.g., milk, oatmeal, soup): Pour or ladle into individual cups or bowls.

***Promoting Immunizations for Younger Siblings***

While Head Start programs ensure that enrolled children receive the necessary immunizations, many families have younger siblings at home who are not adequately immunized. Head Start staff can play an important role in helping families get siblings immunized to protect the children from serious diseases and prepare them for entry into Head Start.

Show the video, *Before It's Too Late, Vaccinate* (available in English and Spanish) at a staff and/or parent meeting. Discuss the importance of immunizations, the challenges to obtaining immunizations, and strategies for maximizing immunization rates among families.

Ask:

a. Do you know anyone who became very sick, disabled, or died from a disease that we can now prevent by vaccines (e.g., polio, measles, HIB meningitis, or whooping cough)?

b. What difficulties have you faced in getting yourself or your own children immunized?

c. How can *all* Head Start staff help promote immunization of children, families, and staff? For example, what could a director, health coordinator, teacher, health aide, family service worker, or busdriver do?

***Assessing the Program's Infection Control***

Using the infection control checklists (Handouts E:1-4), assess the program's facilities and procedures in hand washing, diapering, cleaning/disinfecting, and food handling. Also observe the handling and storage of toothbrushes. You may get assistance from health consultants or your local health department.

Identify the main infection control problems and develop a plan to improve them. Determine what policies are needed. Target training to specific issues of concern. For example, if hand-washing practices are inadequate, show the videos *ABCs of Clean* and *Hooray for Handwashing*. Set a timeline for the changes. Follow up six months later.

***Having a Picnic***

Have the picnic that you planned in Activity 6. You may use the menu listed or develop your own menu. Plan the picnic, paying special attention to safe food handling to prevent illnesses caused by spoiled food. Consider food quality, storage, preparation, serving, and cleanup (*see* Handout E-4: Food Handling Checklist).

***Promoting Fresh Air***

Review your program's policies concerning air quality (*see* Handout G: Air Quality). Work with your management team, Health Services Advisory Committee and Policy Council to draft policies to improve air quality and reduce the spread of illnesses in your program. Organize a staff-parent meeting, as in Activity 6, to discuss the policy. Take steps to implement the policy. Do follow-up interviews of staff and parents six months later to evaluate the new policy.

## Handout C: Hand Washing

**Have the necessary supplies on hand.**

**Scrub hands with soap and water for at least 10 seconds.**

**Rinse hands well under running water. Leave the water running.**

**Dry hands with a paper towel.**

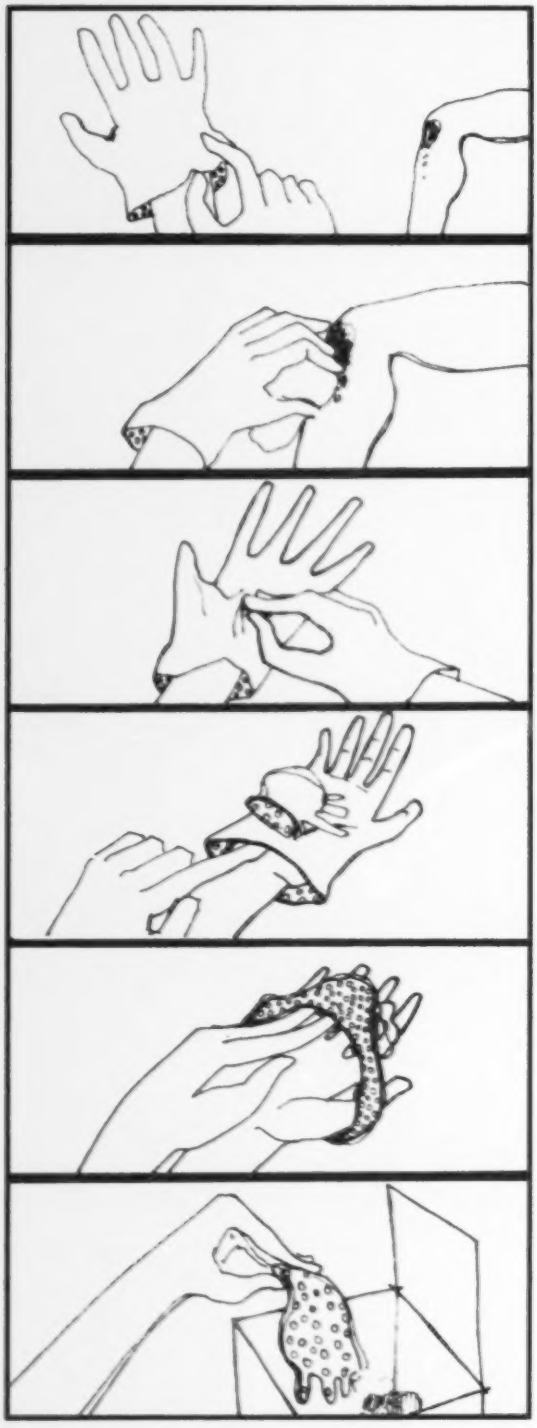
**Turn off the faucet with the paper towel, instead of with bare hands.**

**Discard the paper towel in the trash can.**

**Apply hand lotion if needed.**

*For use with Activity 1*

## Handout D: Gloving



**Put on a clean pair of gloves.**

**Provide the appropriate care.**

**Remove each glove carefully. Grab the first glove at the palm and strip the glove off.** ***Touch dirty surfaces only to dirty surfaces.***

**Ball up the dirty glove in the palm of the other gloved hand.**

**With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out.** ***Touch clean surfaces only to clean surfaces.***

**Discard the dirty gloves immediately in a step can. Wash your hands.**

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*For use with Activity 2*

## Handout E-1: Hand Washing Checklist

**For any items checked NO, write your plan for change in the "Comments" column.**

| Do staff, children, and parents wash hands... | Yes | No | Comments |
|---|---|---|---|
| **• Before and after...** | | | |
| Preparing and serving food? Eating/drinking? | | | |
| Taking or giving medication? | | | |
| Doing mouth/eye care and medical procedures? | | | |
| **• After...** | | | |
| Toileting, diapering, assisting a child at the toilet and handling soiled clothes? | | | |
| Touching blood, skin lesions, eye discharge, saliva, vomit, urine, stool, and mucus (including wiping noses)? | | | |
| Playing or working outdoors? | | | |
| Handling animals? | | | |
| Cleaning up? | | | |

*For use with Activities 3 & 4*



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## Handout E-1: Hand Washing Checklist (continued)

| When handwashing do you... | Yes | No | Comments |
|---|---|---|---|
| | | | |
| Sink with running water within reach of diapering, toileting, and food preparation? | | | |
| Soap (preferably liquid)? | | | |
| Disposable paper towels? | | | |
| Trash can? | | | |
| Handwashing posters? | | | |
| Use the following procedure: | | | |
| Lather with soap and water? | | | |
| Scrub all surfaces with hands for at least 10 seconds? | | | |
| Rinse off under running water? | | | |
| Turn off faucet with paper towel? | | | |
| Discard paper towel in trash? | | | |

*For use with Activities 3 & 4*



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## Handout E-2: Diapering Checklist

| When changing diapers, do you... | Yes | No | Comments |
|---|---|---|---|
| [illegible] | | | |
| Elevated and sturdy? | | | |
| Waterproof (e.g., formica, metal or plastic diaper pad)? | | | |
| Guarded by a railing? (Don't use a strap) | | | |
| Within reach of a hand-washing sink? | | | |
| Away from the food preparation and serving area? | | | |
| Not used for any other purpose? | | | |
| [illegible] | | | |
| Disposable, non-porous paper to cover the surface? | | | |
| Clean, disposable diapers and/or cloth diapers and waterproof diaper covers? | | | |
| Disposable diaper wipes? | | | |
| Disposable latex or vinyl gloves? | | | |
| Plastic bags? | | | |
| Covered, foot-pedal-operated trash can with disposable plastic liner? | | | |
| Soap and water solution? | | | |
| Disinfectant solution? | | | |
| Disposable paper towels? | | | |

*For use with Activities 3 & 4*



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## Handout E-2: Diapering Checklist (continued)

| When changing diapers, do you... | Yes | No | Comments |
|---|---|---|---|
| [illegible] | | | |
| Have a routine for when to check and change diapers? | | | |
| Cover the diapering surface with disposable, non-porous paper? | | | |
| Always keep at least one hand on the child? | | | |
| Wear disposable gloves if blood in the stools or oozing rash are present? | | | |
| Seal soiled clothes in a plastic bag to send home? | | | |
| Wipe from front to back and use a clean wipe for each pass? | | | |
| Discard disposable diapers, diaper wipes, gloves, and paper in a covered, foot-pedal-operated trash can? | | | |
| Change both the dirty cloth diaper and diaper cover together? | | | |
| Wipe your hands with a disposable diaper wipe before putting a clean diaper on the child? | | | |
| Wash the child's hands with soap and running water afterward? | | | |
| Clean visible soil off the diapering surface with paper towel, soap, and water? | | | |
| Spray the diapering surface with disinfectant, wipe with a paper towel, and air-dry? | | | |
| Wash your hands with soap and running water afterwards? | | 69 | |

*For use with Activities 3 & 4*



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## Handout E-3: Cleaning & Disinfecting Checklist

| Do you clean and disinfect... | Yes | No | Comments |
|---|---|---|---|
| **• After each use or occurrence...** | | | |
| Diapering surface? | | | |
| Kitchen counter? | | | |
| Utensils, dishes, cups, bottles, nipples? | | | |
| Dining table, high chair, feeding table? | | | |
| Mouthed toys? | | | |
| Spills of food or drink? | | | |
| Surfaces, bedding and clothes soiled with stool, urine, blood, or other body fluid? | | | |
| **• Daily...** | | | |
| Diapering surface? | | | |
| Toilets and bathrood area? | | | |
| Sinks and faucets? | | | |
| Drinking fountains? | | | |
| Kitchen counter? | | | |
| Telephone receiver? | | | |
| Floors (carpet vacummed)? | | | |
| Trash cans? | | | |
| Frequently-handled toys and play tables? | | | |
| Door knobs? | | | |
| **• Weekly...** | | | |
| Low shelves? | | | |
| Cribs, mattresses, and bedding? | | | |
| Cloth toys? | | | |
| Refrigerator? | | | |
| **• Monthly...** | | | |
| Carpets? | | | |
| Walls? | | | |
| All shelves? | | | |

*For use with Activities 3 & 4*



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## Handout E-3: Cleaning & Disinfecting Checklist (continued)

| Do you clean and disinfect... | Yes | No | Comments |
|---|---|---|---|
| • With the following supplies: | | | |
| Bleach solution or other approved disinfectant? | | | |
| Opaque spray bottle? | | | |
| Disposable paper towels? | | | |
| • By the following procedures: | | | |
| If you use bleach, do you:<br><br>-Make a fresh solution every day?<br>-Mix<br>• 1 tablespoon bleach in 1 quart water?<br>or<br>• 1/4 cup bleach in 1 gallon water? | | | |
| Wash surfaces by:<br>-Cleaning off visible soil with soap and water?<br>-Spraying on disinfectant, wiping with paper towel, and air-drying? | | | |
| Wash plastic toys in<br>-Dishwater with detergent?<br>or<br>-Basin of soap/water; then rinse in disnfectant and air-dry? | | | |
| Wash cloth toys in laundry with detergent? | | | |



*For use with Activities 3 & 4*



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## Handout E-4: Food Handling Checklist

| Do you... | Yes | No | Comments |
|---|---|---|---|
| **Select food that is...** | | | |
| Fresh and unspoiled? | | | |
| From government-inspected meat and food suppliers? | | | |
| Pasteurized milk products? | | | |
| Not from bulging, damaged, or home cans? | | | |
| **Store food by...** | | | |
| Keeping refrigerators under 40° F; freezers under 0° F? | | | |
| Refrigerating or freezing perishable food? | | | |
| Cooking meat, fish, and poultry within two days? | | | |
| Sealing non-perishable food in containers? | | | |
| **Prepare food by...** | | | |
| Using a separate area from diapering, toileting, play, and animals? | | | |
| Using staff members who have no illness or open skin lesions? | | | |
| Using staff members who do not change diapers? | | | |
| Washing hands first? | | | |
| Using clean and disinfected counters, cutting boards, and utensils? | | | |
| Defrosting food in refrigerator, microwave, or by cooking (not at room temperature)? | | | |
| Washing fruits and vegetables prior to use? | | | |
| Cooking meat/poultry throroughly until juices run clear? | | | |
| Washing hands, cutting boards, and utensils after handling raw meat/poultry? | | | |

*For use with Activities 3-5*



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## Handout E-4: Food Handling Checklist (continued)

| Do you... | Yes | No | Comments |
|---|---|---|---|
| | | | |
| After washing hands? | | | |
| Keeping hot foods hot, cold foods cold? | | | |
| On clean and disinfected tables? | | | |
| On clean or disposable plates, cups/bottles, and utensils? | | | |
| ***For infants...*** | | | |
| Using individual, labeled bottles? | | | |
| Using clean, disinfected bottles/nipples? | | | |
| Warming bottles under running water, in pan on stove, or crockpot (not microwave)? | | | |
| Shaking/mixing well and testing temperature? | | | |
| Never giving honey? | | | |
| Serving baby food in bowl/cup (not jar)? | | | |
| | | | |
| Discarding uneaten food from plates, bottles/cups, and perishables in family-style bowls (after two hours)? | | | |
| Refrigerating leftovers immediately? | | | |
| Discarding disposable plates and utensils? | | | |
| Washing dishware in dishwasher or hot water/detergent then disinfecting? | | | |
| Cleaning and disinfecting counters, cutting boards, and tables? | | | |

*For use with Activities 3-5*



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## Handout F-1: Why is Everyone Sick?

### *Lead Teacher's Report*

Here's an overview of our day at the center:

When the children arrive in the morning, many have dirty diapers, so we change them all first. We lay them all down on the carpet and then put on our gloves. We change all of the babies' diapers and then take off the gloves and throw the diapers and gloves in the trash. When the children have diarrhea, we seal the diaper in a plastic bag. The bathroom sink is way down the hall, but luckily we don't need to wash our hands, since we wear gloves.

Then we give the children their bottles and snacks. The teachers and parents prepare the food in our kitchen area in the room.

After snack, we bring out the toys and let the children play on the carpet area or at play tables for most of the morning. Then we put the toys back into their cabinets.

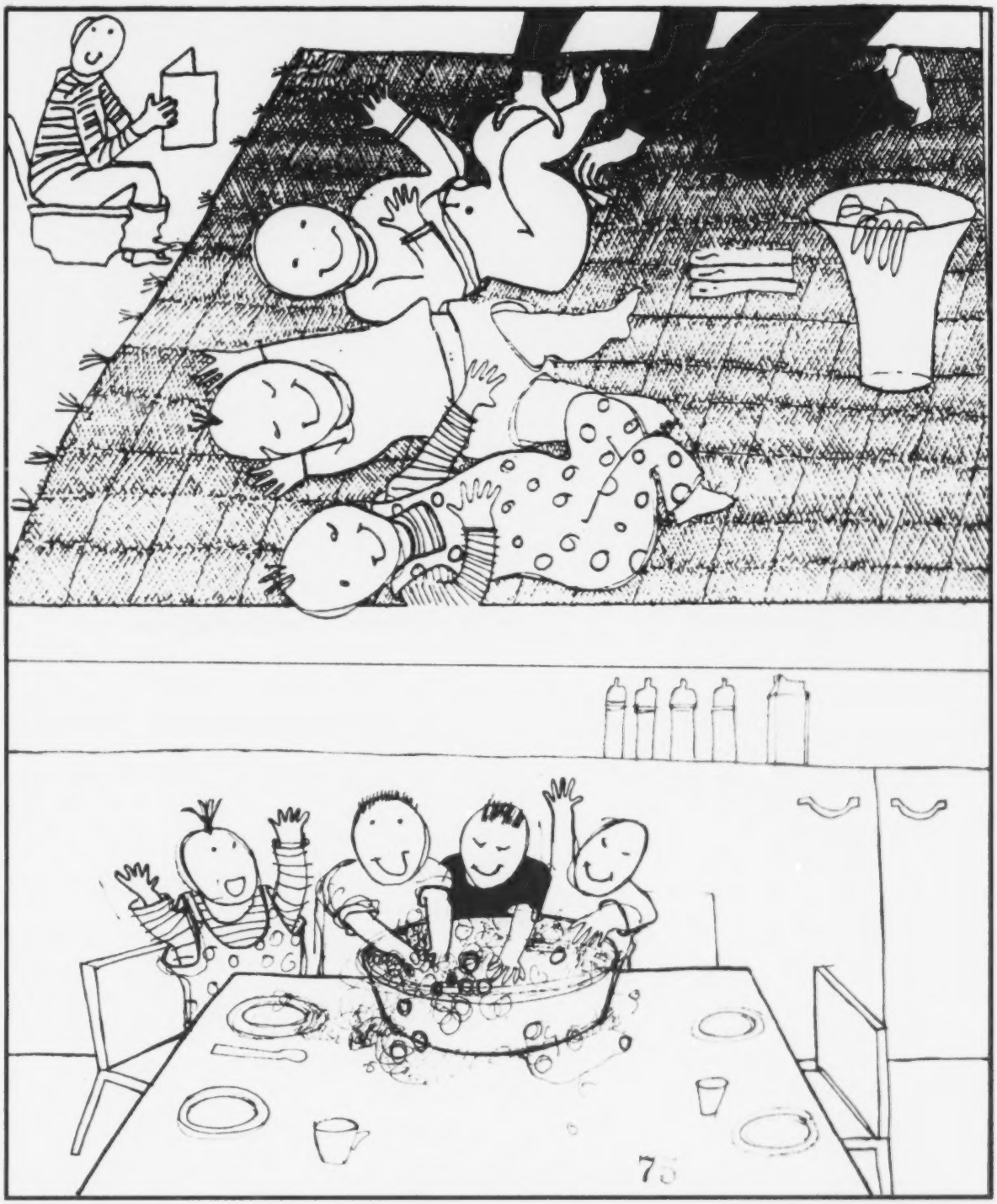
Before lunch, we change diapers again. The toddlers also use the potty. The children wash their hands in a bowl of soapy water that we pass around. We also dip a washcloth in the soapy water to wash off their faces. Staff and parents wash their hands with the children. We pass around a towel to dry our hands.

The children eat seated in the adults' laps on the carpet or in chairs at the play tables. We save the left-over food for the afternoon snack.

After lunch, we all brush our teeth at the sink. The children take naps on mats on the carpet. The afternoon is similar to the morning: free play and then snack time. We keep the children indoors most days, because we don't want the babies to catch colds outdoors.

*For use with Activity 4*

## Handout F-2: Why is Everyone Sick?



*For use with Activity 4*

## Handout G: Air Quality

Fresh air disperses germs and reduces the spread of illness.

### Maintain good ventilation of indoor space

- Keep air temperature between 65 and 72 degrees F.
- Open windows to circulate fresh air.
- Clean air conditioners and humidifiers regularly.
- Spread out toys and equipment.
- Alternate cribs/cots head-to-toe, three feet apart.
- Do not allow smoking.

### Maximize outdoor play

*In hot and sunny weather:*

- Play in the shade.
- Wear hats, visors, sunglasses, and sunblock cream.
- Drink liquids frequently.
- Use sprinklers and hoses for water play.

*In cold and wet weather:*

- Dress in warm, waterproof clothes.
- Play in areas shielded from wind and rain.
- Play outdoors for briefer periods.
- Have an extra supply of dry clothes.

*For use with Activity 6*

# Recognizing & Managing Communicable Diseases

## *Outcomes*

*After completing this module, participants will be able to:*

- *Recognize the signs and symptoms of illness in young children.*
- *Respond appropriately to ill children.*
- *Communicate effectively with parents and health care providers about illness.*

## *Key Concepts*

**Recognizing and managing communicable diseases involves a partnership among staff, families, and health professionals.**

**Head Start staff's role is to:**

- **Work with health professionals to develop health policies, staff training, and information for parents.**
- **Observe children for signs of illness.**
- **Care for ill children until they can be sent home.**
- **Document signs and symptoms, as well as actions taken.**
- **Minimize the spread of illness to other children and staff.**
- **Discuss with parents their ill child's condition, whether he is too sick to attend, the need for medical evaluation and treatment, and when to return.**

**Head Start staff's role is *not* to diagnose or prescribe treatment for illness—that's the health care provider's role; and *not* to provide total care for sick children—that's the parents' role.**

## *Background Information*

Head Start staff members are on the "front line" caring for children. You may recognize and respond to the first signs of illness in children. Dealing effectively with illness in children requires a partnership among staff, parents, children, and health care providers.

## A. The Daily Health Check

The daily health check is a quick assessment of each child's health. It takes less than a minute. You gather information from what the parent and child tell you, and what you observe. You use all of your senses—listen, look, feel, and smell.

Do the health check each day:

- When the child arrives at the program
- Throughout the day

(*See* Handout H: Daily Health Check)

When you do the health check every day, you learn what is normal for each child, and you recognize unusual signs or symptoms indicating that the child might be ill.

When you recognize the *early* signs of illness, you can make the child more comfortable and alert the parents that the child might need medical evaluation and treatment. For example, you might observe that a child complains of sore throat and has a red body rash and fever. Documenting your observations, calling the parents to take the child home, and advising them to take the child to the doctor can lead to prompt diagnosis of strep throat and treatment for the child. This can prevent more severe illness for the child and the spread of the illness to others.

## B. Assessing the Ill Child

1. Interpreting the Health Check

   The health check tells you when a child might not be feeling "his normal self." These signs might indicate illness, fatigue, hunger, injury, or stress. Your assessment of the ill child involves careful observation, understanding of childhood illness, and familiarity with the child.

   Different children have different ways of showing you that they might be sick. For example, one child's "stomachache" might mean that she needs to have a bowel movement, but for another child that she's anxious or upset, and for another child that he's sick with the "stomach flu" and ready to vomit.

   Children can also show different signs at different ages:

- It can be difficult to tell when infants are sick. You need to be alert to small signs such as fussiness, poor appetite, listlessness, or feeling warm.

- When toddlers and young preschoolers are sick, they often have a general complaint, "I don't feel good." You need to ask them to tell you or show you where it hurts.

2. Checking for Fever

When a child complains of not feeling well and looks and acts sick, you may take the child's temperature to tell whether he has a fever. Fever is when the body's temperature rises higher than normal. Body temperature can rise in response to an illness, immunization, exercise, overdressing, or hot weather.

Fever is not an illness in itself—it is a possible sign of illness. Consider fever along with all of the other signs and symptoms (i.e., how sick the child looks and acts) to determine how sick the child is.

### C. Caring for the Ill Child

When a child is sick, staff must decide whether the child is too sick to stay in the program. Although it is not the role of the program to care for ill children, staff need to provide care until the parents arrive. You need to rely on clear health policies and your own judgment and experience.

1. When a Child Is Too Sick to Attend

A child is too sick to attend the program if (any of the following):

- The child is too sick to participate comfortably in the program's activities.

- The staff cannot adequately care for the needs of the sick child without compromising the care of other children.

- The child might have a specified communicable disease that could spread to other children and staff.

(*See* Handout K: When a Child Is Too Sick to Attend)

2. Developing a Care Plan

When children are sick, they have greater emotional and physical needs.

The basic care plan should follow the "4 C's":

- Comfort the child
- Care for the child's symptoms
- Complete the Symptom Record
- Call the parents

**Comfort**

Ill children may feel irritable, sad, lonely, frightened, angry, and bored. They often regress to a less mature level of behavior. Nurturing by a trusted caregiver in a familiar setting can reduce the stress of an illness:

- Touch and sing to the child.
- Frequently ask how she is feeling and acknowledge her feelings with understanding and concern.
- Let her know who will pick her up and when.
- Encourage the other children to draw a get-well picture, make her a snack, or choose a toy for her to play with.

**Care**

**Isolation or "Get-Well" Area:** The isolation or get-well area is a place to care for the sick child, slightly away from the main area of activity. The purpose is to isolate the germs so they don't spread to other children. *Do not isolate the child.* Maintain constant supervision of the sick child to observe her symptoms, care for her needs, and make her feel included.

**Rest and Activities:** When a child is sick, especially with a fever, he has a greater need for rest because his body is working to fight off the illness. Provide opportunity for quiet play, rest, and sleep.

**Nutrition and Fluids:** When a child has a fever, vomiting, or diarrhea, he has a greater need for nutrition and fluids to replace what is being lost. However, many children lose their appetite when they are sick. Frequently offer small amounts of liquids (e.g., water, juice, broth, gelatin) and light snacks (e.g., crackers, toast, noodles, tortillas, rice, bananas, applesauce).

**Care for Fevers:** When fever accompanies an illness, it actually helps the body fight off the disease. A fever is usually not harmful and does not need to be treated. To make the child feel more comfortable you may:

- Undress the child to the point of comfort (i.e., light clothes and a sheet or blanket). Do not bundle the child to "sweat out" the fever.
- Frequently offer clear liquids to drink.
- Place a cool compress on the child's forehead.

**Medications:** Medications may be prescribed to treat an illness or relieve symptoms. But medications can also be dangerous if they are given when not needed, or if they are given in the wrong way, wrong amount, or at the wrong time. They can be dangerous even when given properly, for example, if the child has an allergic reaction.

Give medicines *only* in accordance with state licensing regulations and when prescribed by the child's health provider. Staff members should be trained in procedures to administer medications and document each time they give medicine to a child.

**Emergency Care:** Although severe illness is rare among children, staff must recognize and get immediate medical care (emergency medical system, 911) for the following:

- Signs that the brain may not be functioning well—such as, listlessness, confusion, seizures, severe irritability, severe headache, unconsciousness.
- Breathing problems—such as, rapid breathing, persistent coughing, wheezing, sucking-in around the ribs, choking, bluish/grayish lips or nails.
- Severe loss of body fluids and circulation problems due to large blood loss, persistent vomiting or diarrhea, or dehydration—signaled by pale/ashen color, cold hands and feet.
- Severe pain—such as, headache, abdominal pain, chest pain.

*NOTE:* Have emergency contact information and consent for emergency treatment signed by the parents on file for each child. Make sure the information is current.

**Completing the Symptom Record**

It is important to document the child's illness in order to share information with the parents. This helps parents know how their child is feeling and how they should care for him. If they take the child to the doctor, it will aid in the diagnosis and treatment.

Documentation is also important for the program's records. The records can be reviewed by a health consultant for improving the prevention and management of illnesses in the program. The records will also be available to the licensing agency, public health authority, or insurer in case of severe illnesses or complications.

Carefully document:

- The signs and symptoms of illness that you observe.
- How you responded to the symptoms.

(*See* Handout I: Symptom Record)

**Calling Parents**

Staff and parents depend on each other for sharing concern and responsibility for the child and respecting each other's feelings and beliefs. Since a child's illness can add stress to the relationship between caregivers and parents, sensitive communication around illness is crucial.

**Prepare in advance** by developing clear, up-to-date health policies. Give parents a copy of the policies and discuss them during enrollment/orientation and parent-teacher meetings. Explain that, although the program takes many measures to reduce the spread of disease, it is inevitable that children get sick. Clarify the policy on when a child is too sick to attend and help parents plan who will care for the child when she is sick.

**When a child is sick,** always report the symptoms to the parents, either immediately or at the end of the day, depending upon the severity of the symptoms.

- **Express your concern about the child's health and comfort.** For example, "I'm concerned that Emma hasn't wanted to eat or play and just doesn't seem herself."
- **Describe the child's symptoms and what you did.** For example, "Joey vomited up his formula twice. He's been pulling at his left ear and has a fever of 101 under the arm. I cleaned him up, and he's

asleep now." Do *not* be vague, for example, "Joey feels hot." Do *not* diagnose the illness, for example, "Joey has an ear infection so you need to pick him up and get him antibiotics."

- **Try to be sensitive to the parents' situation.** If the child needs to be sent home, tell the parents that you understand it might be difficult for them to make last-minute arrangements. Ask who will be able to pick up the child and when they will come. Try to be flexible—unless it is a medical emergency, immediate pick-up is not usually necessary. Reassure them that you will keep the child comfortable until they arrive.

- **Discuss the possible need for medical evaluation and treatment.** When in doubt, suggest that the health provider check it out. Depending upon how sick the child looks and acts, you might state, "It's probably nothing serious, but if she's not getting better you might want to have her checked by her health provider," or "She looks pretty sick, and I really think that you should take her to the doctor right away."

- **Ask the parents to give you the health care provider's diagnosis and treatment recommendations.** Emphasize that you are concerned about the child. Also, you may need to notify other parents and the health department of exposure to a communicable disease. Tell the parents when the child can return (e.g., when the symptoms resolve or 24 hours after starting antibiotics).

*NOTE:* When giving information to other parents or posting exposure notices, maintain confidentiality—*do not report the name of the child.*

### D. Communicating with Health Providers

Periodically, health concerns arise that are beyond the knowledge of Head Start teachers, directors and health coordinators. Programs need to develop relationships with health professionals who can provide assistance. Keys to effective communication include:

- **Address questions to the appropriate health provider.** For example, when your concerns address the health of a specific child, consult the child's health care provider (with the parents' permission). When the concerns are group health issues (e.g., health policies or infection control practices), contact your program's health consultant or the public health department.

- **State your concern briefly and clearly.** Have all of the necessary facts (e.g., the Symptom Record) on hand.

- **Listen carefully and document the advice.** If you don't understand something, clarify it immediately. If the advice is complicated, request written information. Summarize to confirm your understanding.

***Questions for Discussion/ Reflection:***

When a child becomes ill, it can be very stressful for the child, parent, and Head Start staff. Dealing effectively with illness requires cooperation among staff, families, and health professionals.

- What is the greatest challenge for you in dealing with communicable diseases in the program?
- What has your program done to encourage cooperation among staff, parents, and health professionals regarding communicable diseases?
- What could your program do to manage illnesses more effectively?

## *Activity 1: The Daily Health Check*

**Purpose:** This activity helps participants develop their skill observing children for signs of health and illness.

This activity is particularly helpful for teachers and aides. You will need:

- A copy of Handout H: Daily Health Check, for each participant
- Handout I: Symptom Record
- Handout J: Does the Child Look Sick?—blank chart
- Key to Activity 1: Does the Child Look Sick? (for trainer only)

**Step 1:** Review the importance of the Daily Health Check (*see* Background Information) and how to do it—Handout H: Daily Health Check.

**Step 2:** Schedule 30 minutes for the coaching group to greet children and parents as they enter a classroom in the morning. Do the Daily Health Check with each family—talking with the child and parent and observing the child.

**Step 3:** Identify one child with the most signs of being sick. Using Handout I: Symptom Record, fill in the child's symptoms that you observe. Make a list of the additional information you would like to have. Make a list of additional information you would like to have. Whom do you need to get that information from? The child? Parent? Teacher?

**Step 4:** Have the group members sit down together and discuss the Daily Health Check. Ask:

a. Approximately how long did it take to do the Daily Health Check for each child?

b. What felt most comfortable for you?

c. What was most difficult for you?

**Step 5:** Using Handout J: Does the Child Look Sick?, fill in all the signs they observed of children "Looking Healthy" and the signs of possibly "Looking Sick." Try to note signs from every category (*See* Key to Activity 1).

**Step 6:** Ask: What signs and symptoms do you think are most helpful in determining how sick a child is?

**Step 7:** When the Symptom Record is complete, use it to help answer the following questions about the child you are observing. Ask:

a. Do you think that this child is too sick to stay in the program for the rest of the day?

- If yes, why do you think that?

- If no, what additional signs or symptoms would you watch for to indicate that the child *is* too sick to stay in the program?

b. What would you say to the parents?

c. Under what circumstances might you want to call a health professional? What would you say?

d. How would you care for the child until she is picked up?

e. Why is it helpful to document the child's symptoms and your actions in a Symptom Record?

***Points to Consider:***

- The daily health check involves observing and talking with the parent and child. It should be done every day as children enter the program, and throughout the day.

- One of the best signs of whether a child is ill is how she looks and acts, especially comfort, activity level, and appetite.

- A child is too sick to attend the program if he is too sick to participate in activities, staff cannot care for his needs, or he might have a specified communicable disease.

- When a child is ill, communication with parents must be clear, informative, and sensitive to the parents' concerns (*see* Background Information).

- Consult a health professional about signs of severe illness, questions about diagnoses and treatment, and to report communicable diseases.

- A Symptom Record documents observations and actions to inform parents and health care providers. It may also be reviewed by management, consultants, licensing, courts, or insurers.

## Does the Child Look Sick?

***Key to Activity 1***

One of the best signs of whether a child is seriously ill is how she looks and acts. Check the child for signs of health and illness.

| | Looking Healthy | Looking Sick |
|---|---|---|
| General Appearance | • Comfortable<br>• Cheerful, responsive<br>• Active, playing<br>• Behavior appropriate for child and time of day<br>• Good appetite | • Excessive crying, clinginess, fusiness<br>• Doubled over in pain, unable to move<br>• Listless, lethargic, unresponsive<br>• No appetite<br>• Vomiting, diarrhea |
| Breathing | • Breathing slowly<br>• Relaxed<br>• Quiet | • Breathing fast<br>• Difficulty breathing<br>• Sucking in around ribs<br>• Flaring nostrils<br>• Persistent cough<br>• Wheezing |
| Skin | • Normal skin color and texture for child<br>• Normal skin temperature<br>• No rashes, sores, swelling, or bruising<br>• No scratching at skin or scalp | • Pale, grayish, flushed, yellowish<br>• Hot or cold and clammy skin<br>• Skin rash, sores, swelling, or bruising<br>• Scratching at skin or scalp<br>• Skin doesn't spring back when pinched |
| Eyes, Nose, Ears, and Mouth | • Eyes bright and clear<br>• Nose clear<br>• Eyes clear<br>• Mouth without sores, swallowing comfortable | • Eyes swollen, red, crusty, goopy, watery, yellowish, or sunken<br>• Nose congested or runny<br>• Ears draining pus or blood<br>• Pulling at ears<br>• Mouth or lips with sores, excessive drooling, difficulty swallowing |
| Odors | • No odor or normal odor for child | • Breath smells foul or fruity<br>• Stool smells foul |

**From: *Keeping Kids Healthy*, Sacramento, CA: California Dept. of Education, 1994**

# Module 3

## *Activity 2: Assessing the Child Who Is Ill: Twenty Questions*

**Purpose:** This activity helps participants develop skill in assessing an ill child and communicating with parents about the child's illness.

For this activity, you will need:

- Key to Activity 2: Crystal's Story (for trainer only)
- A copy of Handout I: Symptom Record, for each participant
- A copy of Handout K: When a Child Is Too Sick to Attend, for each participant
- Flip chart paper and markers

**Step 1:** Explain that this exercise helps assess how sick a child is.

**Step 2:** Instruct participants to imagine they are a classroom teacher. Read aloud Crystal's Story—Part 1.

**Step 3:** Tell participants that they need to determine how sick Crystal is and how to care for her. They will play a game of Twenty Questions to find out the information. Their questions should search for:

- Information about the child's symptoms and behavior. You must specify *who* would you ask and *what* you would ask them, for example, "I want to ask Crystal, 'What's bothering you—your stomach, your head, your throat…?'"
- Observations of the child, for example, "I want to observe Crystal's skin."

**Step 4:** Distribute Handout I: Symptom Record. Instruct participants to fill in the information and observations they make.

**Step 5:** As the participants ask for information and observations, the trainer will reveal pieces of information based on Crystal's Story—Part 2. Participants should fill in Crystal's Symptom Record.

**Step 6:** After participants have asked 20 questions, explain that this is all the information that they could obtain in the midst of their busy day caring for Crystal and all of her classmates.

**Step 7:** Distribute Handout K: When a Child Is Too Sick to Attend.

Explain that this is the current health policy that your program has adopted to determine when a child is too sick to attend.

**Step 8:** Ask participants:

a. Do you think Crystal is too sick to stay in the program for the rest of the day? What questions were most helpful in determining that?

b. When do you want to call her parents? What would you say?

c. Under what circumstances might you want to call a health professional? What would you say?

d. How would you care for Crystal until she is picked up?

e. What would you do to minimize the spread of Crystal's illness to other children and staff?

f. Why is it helpful to document the child's symptoms and your actions in a Symptom Record?

***Points to Consider:***

- When a child complains, "I feel sick," you need to ask questions and observe the child (e.g., degree of comfort, activity level, appetite, breathing, skin) to determine how sick she is.
- A child is too sick to attend the program if he is too sick to participate in activities, staff cannot care for his needs, or he might have a specified communicable disease.
- Call Crystal's parents and discuss:
  - Your concern about Crystal.
  - The signs and symptoms you observed and what you did.
  - That she needs to be picked up; who will come and when? Be understanding of the parents' situation.
  - How you'll take care of her until they arrive.
  - Your suggestion that she see the doctor and your request that they tell you the diagnosis and recommended treatment.
  - When Crystal can return to school.

- Consult a health professional about signs of severe illness, questions about diagnoses and treatment, and to report communicable diseases.
- As you care for Crystal until she's picked up: comfort her, make a place for her to rest, and offer her small amounts of clear liquids to drink.
- To minimize the spread of Crystal's illness:
  - Make sure that Crystal washes her hands well, especially after using the toilet.
  - Make sure that staff members wash their hands well after caring for Crystal and before preparing and serving food.
  - Don't share food or drinks.
- A Symptom Record documents observations and actions to inform parents and health care providers and may be reviewed by management, consultants, licensing, courts, or insurers.

## Crystal's Story

***Key to Activity 2***

- **PART 1**

Crystal is a three-and-a-half year old who is usually very active and cheerful. She is quieter than usual when she arrives at school. When it's time for snack, she complains, "I don't feel good."

---

- **PART 2**

**A. Information from:**

*Parents:*

- Crystal complained of a stomach ache last night.
- Crystal didn't eat much breakfast this morning.
- Crystal's brother is home sick with fever, vomiting, and diarrhea.

*Teachers:*

- Crystal was clingy and whiny this morning.
- Crystal just wanted to play quietly this morning.

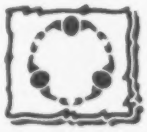
*Crystal:*

- My tummy hurts.
- My head hurts.
- I have diarrhea.
- I feel like I'm going to throw up.

**B. Observations of Crystal:**

- General appearance—sad, uncomfortable, no appetite, low activity level
- Breathing—normal
- Skin—pale, cold, and clammy
- Eyes/nose/ears/mouth—eyes glassy
- Odors—breath smells fruity, stool smells foul
- Temperature—101 degrees F. axilliary

## *Activity 3: What Would You Do?*



**Purpose:** This activity helps staff members develop their skills in responding to communicable diseases in their program.

For this activity, you will need:

- Flip chart paper and markers (at least five)
- Five copies of Handout K: When a Child Is Too Sick to Attend
- Handout L: What Would You Do?
- Appendix: Communicable Disease Fact Sheets: Infectious Diarrhea, Chicken Pox, Head Lice, Impetigo

**Step 1:** Explain that this activity allows participants to plan how to manage communicable diseases in the classroom.

**Step 2:** Divide participants into five groups. Distribute to each group one story from Handout L: What Would You Do? and flip chart paper and a marker.

**Step 3:** Instruct each group to read its story of a child with a communicable disease in Head Start.

**Step 4:** Ask each group:

a. Do you need any more information about a specific disease?

b. What do you need?

c. What resources would you use?

**Step 5:** Tell participants that they went to their health resource library or spoke with their health consultant or local health department and got written material on communicable diseases. Distribute Handout K: When a Child Is Too Sick to Attend, to every group, and the Fact Sheets to the groups as follows:

- Story #1: Infectious Diarrhea
- Story #2: Chicken Pox
- Story #3: (No diagnosis yet)

- Story #4: Head Lice
- Story #5: Impetigo

**Step 6:** Ask: What are the strengths and weaknesses of using fact sheets for managing communicable diseases in Head Start?

**Step 7:** Instruct each group to take approximately 15 minutes to review the story and the fact sheet and list on the flip chart paper what the program should do to manage the communicable disease.

**Step 8:** Bring the groups back together. Ask each small group to report back to the large group. Read the story aloud, post the plan, and explain how you assessed and managed the situation.

**Step 9:** Explain that, although each story is different, there are some common steps to consider in managing a communicable disease. Ask participants to scan the plans for all of the stories and look for the common themes.

On flip chart paper, write the title: "Managing Communicable Diseases: Ten Steps to Consider." Underneath it, list four categories: "The Ill Child," "Parent," "Health Professionals," and "The Program" (staff and other children and families).

Have participants list the ten general steps to managing diseases (*see* Key to Activity 3: Managing Communicable Diseases).

**Step 10:** Ask participants:

a. Why is a partnership among staff, families, and health professionals needed to manage communicable diseases effectively in Head Start?

b. What are some of the challenges in working with families and health professionals in dealing with communicable diseases?

c. What strategies have been helpful in working with families and health professionals around illness?

d. How could your program respond more effectively to diseases?

***Points to Consider:***

- Head Start programs need to use reliable health resources—current written materials and health professionals—to develop health policies on preventing, recognizing, and managing communicable diseases.
- When children are ill, staff should be careful not to diagnose or prescribe the treatment for an illness—that is the role of the health care provider. When a health professional has made the diagnosis, fact sheets can help inform staff and parents about what the disease is and how to manage it.
- Often, when children are ill, staff do not know the diagnosis (e.g., Story #3), or they may make an incorrect diagnosis (e.g., Story #5). Pending further information from the health care provider, management decisions should be based on the child's symptoms.
- For every illness, programs should consider each step in Managing Communicable Diseases (Key to Activity 3). For each step, ask: "Is this necessary?" "What should I do?"
- When responding to communicable diseases, communication between staff and parents must be clear, informative, and sensitive to each others' concerns (*see* Background Information).

## Managing Communicable Diseases: Ten Steps to Consider

***Key to Activity 3***

**In Relation to. . .**

**The Ill Child**:

1. Observe the child.
2. Assess the child: Is she too sick to attend? What care does she need?
3. Care for the child.
4. Document the symptoms and actions taken.

**The Parent**:

5. Call the parent: Explain your observations and actions, assessment of how sick the child is, the need for her to go home, the need for medical evaluation and treatment, and when to return to the program.

**Health Professionals**:

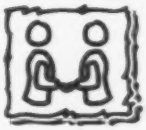
6. Call the program's health consultant or the child's health care provider (with parents' permission) with questions.
7. Call emergency medical services for severe illness.
8. Call the health department for reportable diseases.

**The Program—Staff and Other Children and Families**:

9. Follow infection control measures to prevent the spread of disease.
10. Notify parents and staff about exposure to certain communicable diseases. Monitor other children and staff for illness.

# Module 3

## *Activity 4: Handling an Outbreak*



**Purpose:** This activity helps participants respond effectively to outbreaks of communicable diseases.

This activity is particularly helpful for directors, health coordinators, and head teachers. You will need:

- A copy of Handout M1-2: Handling an Outbreak, for each participant
- A copy of the Appendix: Communicable Disease Fact Sheets—Chicken Pox and Hepatitis A, for each participant

> ***Trainer's note**: If another communicable disease (e.g., ringworm or measles) has been an issue for the program, you may rewrite Handout M and substitute the corresponding Appendix fact sheets for those above.*

**Step 1:** Have participants imagine they are program directors or health coordinators. They are notified of an outbreak of a communicable disease in their program and will coordinate the response to the outbreak.

**Step 2:** Distribute Handout M1-2: Handling an Outbreak, and the Appendix: Communicable Disease Fact Sheets for chicken pox and hepatitis A. Allow participants a few minutes to review Outbreak #1 and the chicken pox fact sheet.

**Step 3:** Using the fact sheet as a guide, work through the responses to the questions on handling the outbreak.

**Step 4:** Repeat Steps 2 and 3 for Outbreak #2: Hepatitis A.

**Step 5:** Discuss:

a. Why is a partnership among staff, families, and health professionals needed to manage communicable diseases effectively in Head Start?

b. What are some of the challenges in working with families and health professionals in dealing with communicable diseases?

c. What strategies have been helpful in working with families and health professionals regarding illness?

d. How could your program respond more effectively to diseases?

***Points to Consider:***

- Head Start programs need to use reliable health resources—current written materials and health professionals—to develop health policies on preventing, recognizing, and managing communicable diseases.
- Both parents and staff need to be informed about the program's health policies.
- When children are ill and a health care provider has made the diagnosis, fact sheets can help inform staff and parents about what the disease is and how to manage it.
- During outbreaks of communicable diseases, communication between staff and parents must be clear, informative, and sensitive to each others' concerns.
- Every program should have an ongoing relationship with the local health department and/or a health consultant (e.g., Health Services Advisory Committee member) to call in case of questions about communicable diseases.

**Next Steps: Ideas to Extend Practice**

***Establishing a Relationship with a Health Consultant***

Every program should develop a relationship with a Health Service Advisory Committee member or a health consultant, such as a physician or nurse. Your health consultant can help you develop the health policies and update them annually, since health recommendations may change. The health consultant can also help with training for staff and workshops for parents. Your consultant might visit your program periodically to observe infection control practices, review your illness records, and identify health practices that need improvement. Your health consultant can also assist in accessing local resources and address any health questions that might arise.

***Reviewing and Revising Your Health Policy***

Review your program's health policy to determine whether it covers all aspects of preventing, recognizing, and managing communicable diseases. For example: Do the infection control policies address hand washing, gloves, diapering/toileting, cleaning and disinfecting, disposal of wastes, and food handling? Do staff conduct daily health checks and complete symptom records for ill children? Do you have a policy on when a child is too sick to attend? Do you have exposure notices on communicable diseases? Do you have a Blood-Borne Pathogens Exposure Plan?

Work with a health consultant and your Health Services Advisory Committee to make sure your health policy is complete and up-to-date. Review the health policy annually.

***Training Staff on the Health Policy***

Make sure that all staff receive a written copy of and training on the health policy. Staff need to be informed about **what** the policy is and **why** it is important. Invite your health consultant and Health Services Advisory Committee members to address any questions about the policy. Update the training annually.

***Informing Parents about the Health Policy***

At orientation, give parents a brief summary of the program's health policy. Review the key points, such as when they should keep their child home for illness. When illnesses arise, use the fact sheets as exposure notices. Make sure that written material is translated into the families' languages. Offer a parent-staff workshop during the year to address any concerns about the health policy and the management of illness in the program. Invite your health consultant and Health Services Advisory Committee members to address any questions.

## Handout H: Daily Health Check

**Do the daily health check when you greet each child and parent as they arrive. It usually takes less than a minute. Also observe the child throughout the day.**

**LISTEN:** Greet the child and parent. Ask the child, "How are you today?" Ask the parent, "How are you doing? How's (name of child)?" "Was there anything different last night?" "How did he sleep?" "How was her appetite this morning?"

- Listen to what the child and parent tell you about how the child is feeling.
- If the child can talk, is he complaining of anything? Is he hoarse or wheezing?

**LOOK:** Get down to the child's level to see her clearly. Observe signs of health or illness.

- **General appearance** (e.g., comfort, mood, behavior, and activity level)
  - Is the child's behavior unusual for this time of day?
  - Is the child clinging to the parent, acting cranky, crying, or fussing?
  - Does she appear listless, in pain, or have difficulty moving?

- **Breathing**
  - Is the child coughing, breathing fast, or having difficulty breathing?

- **Skin**
  - Does the child look pale or flushed?
  - Do you see a rash, sores, swelling, or bruising?
  - Is the child scratching her skin or scalp?

- **Eyes, Nose, Ears, Mouth**
  - Do the child's eyes look red, crusty, goopy, or watery?
  - Is there a runny nose?
  - Is he pulling at his ears?
  - Are there mouth sores, excessive drooling, or difficulty swallowing?

**FEEL:** Gently run the back of your hand over the child's cheek, forehead, or neck.

- Does the child feel unusually warm or cold and clammy?
- Does the skin feel bumpy?

**SMELL:** Be aware of unusual odors.

- Does the child's breath smell foul or fruity?
- Is there an unusual or foul smell to the child's stools?

**From: *Keeping Kids Healthy*. Sacramento, CA: California Dept. of Education, 1994.**

*For use with Activity I*

## Handout I: Symptom Record

**Child's name:**_____ **Date:**_____

**MAIN SYMPTOM**_____

When it began_____ How long it has lasted_____

How much_____ How often_____

Staying constant, getting better or worse?_____

**OTHER SYMPTOMS:** Complaints_____
General appearance *(e.g., comfort, mood, behavior, activity level, appetite)*

**CIRCLE THE SYMPTOMS:**

Breathing: *coughing wheezing breathing fast difficulty breathing other*_____

Skin: *pale flushed rash sores swelling bruises itchiness other*_____

Vomiting: *(# times)* _____ Diarrhea *(# times)* _____ Urine_____

Eyes: *pink/red watery discharge crusty swollen other*_____

Nose: *congested runny other*_____

Ears: *pulling at ears discharge other*_____

Mouth: *sores drooling difficulty swallowing other*_____

Odors: *(e.g., breath, stool)*_____

Temperature:_____ *(axillary, oral, rectal, other*_____*)*

**WHAT HAS BEEN DONE:** Comfort_____ Rest_____

Liquids *(name, amount, time)*_____ Food *(name, amount, time)*_____

Medications *(name, amount, time)*_____

Emergency measures_____

**Who was called and when** *(e.g., parent/guardian, emergency contact person, health consultant, child's health provider, emergency medical services)*

_____

Signature_____

*For use with Activities 1 & 2*

**Adapted from: *Model Child Care Health Policies*, American Academy of Pediatrics, Pennsylvania Chapter, 1993, and *Healthy Young Children: A Manual for Programs*, National Association for the Education of Young Children, 1995.**

## Handout J: Does the Child Look Sick?

One of the best signs of whether a child is seriously ill is how she looks and acts. Check the child for signs of health and illness.

| | Looking Healthy | Looking Sick |
|---|---|---|
| General Appearance | | |
| Breathing | | |
| Skin | | |
| Eyes, Nose, Ears, and Mouth | | |
| Odors | | |

**From:** ***Keeping Kids Healthy*****. Sacramento, CA: California Dept. of Education, 1994.**

*For use with Activity 1*

## Handout K: When a Child Is Too Sick to Attend

Most children with mild illnesses can safely attend child care. But, a child may be too sick to attend if:

- The child does not feel well enough to participate comfortably in the program's activities.

- The staff cannot adequately care for the sick child without compromising the care of the other children.

- The child has any of the following **symptoms** unless a health provider determines that the child is well enough to attend and that the illness is not contagious:

  - *Fever* (above 100° F. axillary or above 101° F. orally) accompanied by behavior change and other signs or symptoms of illness (i.e., the child looks and acts sick)
  - *Signs or symptoms of possibly severe illness* (e.g., persistent crying, extreme irritability, uncontrolled coughing, difficulty breathing, wheezing, lethargy)
  - *Diarrhea:* Changes from the child's usual stool pattern—increased frequency of stools, looser/watery stools, stool runs out of the diaper, or child can't get to the bathroom in time.
  - *Vomiting* more than once in the previous 24 hours
  - *Mouth sores* with drooling
  - *Rash* with a fever or behavior change

- The child has any of the following **diagnoses** from a health provider (until treated and/or no longer contagious):

  - *Infectious conjunctivitis/pink-eye* (with eye discharge)—until 24 hours after treatment started
  - *Scabies, head lice, or other infestation*—until 24 hours after treatment and free of nits
  - *Impetigo*—until 24 hours after treatment started
  - *Strep throat, scarlet fever, or other strep infection*—until 24 hours after treatment started and the child is free of fever
  - *Pertussis*—until five days after treatment started
  - *Tuberculosis (TB)*—until a health care provider determines that the disease is not contagious
  - *Chicken pox*—until six days after start of rash or all sores have crusted over
  - *Mumps*—until nine days after start of symptoms (swelling of "cheeks")
  - *Hepatitis A*—until seven days after start of symptoms (e.g., jaundice)
  - *Measles*—until six days after start of rash
  - *Rubella (German measles)*—until six days after start of rash
  - *Oral herpes* (if child is drooling or lesions cannot be covered)—until lesions heal
  - *Shingles* (if lesions cannot be covered)—until lesions are dry



**Adapted from:** ***Caring for Our Children*****, American Academy of Pediatrics and American Public Health Association, 1992.**

*For use with Activities 2 & 3*

## Handout L: What Would You Do?

***Story #1:***

Miriam, a three-year-old child, is dropped off by her father who is hurrying off to work. Within an hour, the staff notices that Miriam does not quite seem herself; she appears a little flushed and quiet, is not playing vigorously, and is tearful at the slightest provocation. Although Miriam is fully toilet trained, she soils her pants with a watery stool.

***Story #2:***

Sam is a two-year-old child in your care. You are changing his diaper when you notice about a dozen red, blistering spots on his abdomen. He also feels warm. You think it is chicken pox because Sam's sister had chicken pox two weeks ago.

***Story #3:***

Charles, a four-month-old baby, does not quite seem himself; he only drank one ounce of his bottle, napped for three hours, and awoke from his nap crying inconsolably and arching backwards. He looks flushed. When you pick him up, he starts having a seizure.

***Story #4:***

Gillian is a five-year-old who caught head lice when it went around the center. All of the parents received a note about getting treatment for lice. When Gillian came back to school, her teacher noticed some nits in her hair. Gillian's mom was told that she needed to repeat the treatment. When Gillian came back again, the teacher still noticed nits.

***Story #5:***

James is four years old and has a pink lesion near his mouth. It looks to you like impetigo; you've seen a couple of other kids with something like that. You tell James' dad that he needs to take James to the doctor to get treatment for his impetigo, and he can't come back to school until 24 hours after he's been on antibiotics. James' dad calls you to say that he took James to the doctor, and she **didn't** think it was impetigo.

*For use with Activity 3*

## Handout M-1: Handling an Outbreak

**Outbreak #1:** Many children in your center are sick with **Chicken Pox**. Some of the children and adults who haven't gotten sick yet have never had chicken pox. A child with AIDS and a pregnant teacher are in the center.

- What health consultation might be helpful?

- Who should be sent home?

- What should they be told regarding:

  - The need for medical evaluation and treatment?

  - When they can return?

- What notification is needed:

  - To staff and parents?

  - To the health department?

- What steps should be taken to reduce the spread of disease?

- Are any special precautions needed?



*For use with Activity 4*

## Handout M-2: Handling an Outbreak

**Outbreak #2:** Two staff people and three parents in your infant-toddler center have become ill and jaundiced. They have been diagnosed with **Hepatitis A**.

- What health consultation might be helpful?

- Who should be sent home?

- What should they be told regarding:

  - The need for medical evaluation and treatment?

  - When they can return?

- What notification is needed:

  - To staff and parents?

  - To the health department?

- What steps should be taken to reduce the spread of disease?

- Are any special precautions needed?

*For use with Activity 4*

# *Continuing Professional Development*

This guide helps Head Start staff develop their skills in preventing, recognizing, and managing communicable diseases. To continue to learn about communicable diseases:

*Review the program's policies and practices in preventing and managing communicable diseases.* Every year, work with the Health Services Advisory Committee or a health consultant to review the health policies and ensure that they are up to date. Assess the facilities for hand washing, diapering, toileting, and food preparation to ensure that proper supplies are available for infection control. Observe staff, children, and parents doing hand washing, diapering, toileting, cleaning, and food preparation. Identify practices that need improvement and address these in a workshop.

*Develop an educational program on communicable diseases for new Head Start staff.* The program should include:

- General information about communicable diseases,
- Current Head Start health policies,
- Activities and handouts to develop skill in infection control practices, such as hand washing, gloving, diapering, cleaning and disinfecting, and food handling,
- Monitoring of infection control practices by an experienced staff person.

*Periodically reserve time during staff meetings to discuss challenges in dealing with communicable diseases.* For example, has communication with parents regarding illnesses been difficult? Have head lice or ringworm been persistent problems in the program? Develop strategies to address the challenges.

*Reassess your personal knowledge and skills in managing communicable diseases.* Have staff members each identify one aspect of communicable diseases that they would like to learn more about. For example, a teacher might want to develop her skill in discussing a child's illness with the parent; or a food service worker might like to develop ideas for less perishable lunches and snacks. Develop a personal action plan for improvement.

*Investigate other Head Start programs that are managing communicable diseases effectively.* At meetings (e.g., local and regional health coordinators meetings, Head Start Association conferences, health conferences), discuss strategies for preventing and managing communicable diseases. Share sample health policies, exposure notices, and ideas for teaching

children about germs. Visit other programs and bring back information and techniques.

*Subscribe to health publications to stay informed about current recommendations.* Keep a library with books, journals, and videos on communicable diseases. Circulate articles from child care health newsletters that address issues that are important to the program.

*Maintain connections with local health professionals.* Invite local health care providers, such as pediatricians or public health nurses, to parent-staff meetings to answer questions about communicable diseases. Address common illnesses, such as ear infections, and emerging illnesses, such as HIV/AIDS, hepatitis B, and tuberculosis.

*Encourage staff to attend classes and conferences on communicable diseases.* Courses may be available through the local community college, child care resource and referral agency, hospitals, and other health training agencies. Allow staff to attend local, regional, and national conferences on health sponsored by Head Start and child care and public health associations.

*Advocate for improved management of communicable diseases in the community.* What diseases is your program facing: intestinal parasites, measles, tuberculosis, HIV/AIDS? Join with other community groups advocating for public health improvements, such as sewer systems, water supply, housing, immunizations, and treatment of diseases.

***Books & Manuals:***

American Academy of Pediatrics. In: Peter, G., ed. *1994 Red Book: Report of the Committee on Infectious Diseases*. 23rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 1994. 687 pp.

This book is a detailed summary of communicable diseases in children. It represents the recommendations of children's health authorities including the American Academy of Pediatrics (AAP) and The Centers for Disease Control (CDC). It contains a detailed description of each communicable disease—clinical manifestations, epidemiology, diagnostic tests, treatment, control measures. It also has a chapter on Children in Out-of-Home Care.

**Contact**: American Academy of Pediatrics, P.O. Box 927, 141 Northwest Point Blvd., Elk Grove Village, IL 60009-0927. Telephone: (800) 433-9016. $64.95 each (Quantity prices on request).

American Academy of Pediatrics, Pennsylvania Chapter. *Preparing for Illness: A Joint Responsibility for Parents and Caregivers*. Bryn Mawr, PA: Pennsylvania Chapter, American Academy of Pediatrics, 1993. 42 pp.

This brochure presents recommendations for preventing and managing illnesses in early childhood programs. It contains information on keeping children healthy, recognizing the ill child, inclusion/exclusion from child care, and conditions requiring immediate medical evaluation. It also has a chart on illnesses, organized by symptoms or diagnosis, which lists what you see, possible causes, when to exclude the child and/or seek medical advice, and when to readmit the child to the program.

**Contact**: National Association for the Education of Young Children, 1509 16th Street, NW, Washington, DC 20036-1476. Telephone: (800) 424-2460. $2.00, includes shipping/handling; discounts for bulk orders.

American Public Health Association and American Academy of Pediatrics. *Caring for Our Children: National Health and Safety Performance Standards—Guidelines for Out-of-Home Child Care Programs*. Washington, DC: American Public Health Association, 1992. 410 pp.

This is a comprehensive set of health and safety guidelines for out-of-home child care programs. It represents the current recommendations of children's health authorities, including the American Academy of Pediatrics (AAP) and American Public Health Association (APHA) and child care associations. It covers staff health and training, child development, nutrition, facilities, and children with special needs. It

has a chapter on health promotion that includes detailed information on preventing communicable diseases; and a chapter on infectious diseases that addresses managing illnesses. Each recommendation includes an explanation of why the standard is important.

**Contact**: American Public Health Association, 1015 15th Street, NW, Washington, DC 20005. Telephone: (202) 789-5665. $35.00 members ($50.00 non-members), plus $7.00 for shipping/handling.

American Red Cross. *American Red Cross Child Care Course*. Washington, DC: American Red Cross. Multiple volumes.

This is an easy-to-use curriculum on childhood illnesses and injuries. The section on illnesses addresses preventing infectious diseases and caring for ill children. It includes charts, pictures, handouts, forms, and exercises for teaching child care staff and children about communicable diseases.

**Contact**: Contact your local chapter of the American Red Cross or the national office of the American Red Cross, 1709 New York Avenue, Suite 208, Washington, DC 20006. Telephone: (202) 728-6523. Cost is determined by your local American Red Cross Chapter.

Aronson, S., and H. Smith. *Model Child Care Health Policies*. Bryn Mawr, PA: Pennsylvania Chapter, American Academy of Pediatrics, 1993. 90 pp.

This manual provides a sample health policy for early childhood programs. It addresses admissions, supervision, discipline, health plan, emergencies, safety, and staff health. It includes several sections on communicable diseases—sanitation and hygiene, food handling, care of ill children, and medications. It contains handouts such as a symptom record, medication log, and a health and safety checklist. It also has a chart on illnesses, organized by symptoms or diagnosis, which lists what you see, possible causes, when to exclude the child and/or seek medical advice, and when to readmit the child to the program. The model policies are available on diskette to help programs develop their own health policies.

**Contact**: National Association for the Education of Young Children, 1509 16th Street, NW, Washington, DC 20036-1426. Telephone: (800) 424-2460 or (201) 232-8777. $5.00. Order No. 716.

California Department of Education and The Center for Health Training. *Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care*. Sacramento, CA: California Department of Education, 1994. Manual 94 pp; video 29 minutes.

This manual addresses preventing, recognizing and managing communicable disease in child care. It contains handouts on infection control, daily health check, symptom record, medications, when a child is too sick to attend, emergencies, and exposure notices for each communicable disease. It also presents suggestions on effective communication between early childhood professionals, parents and health care providers about health and illness. A companion video is also available.

**Contact**: Bureau of Publications, Sales Unit, California Department of Education, PO Box 271, Sacramento, CA 95812-0271. Telephone: (916) 445-1260. Anticipated cost: manual $8-9, video $16-17.

Kendrick, A.S., R. Kaufmann, and K.P. Messenger, eds. *Healthy Young Children: A Manual for Programs*. Washington, DC: National Association for the Education of Young Children, 1995. 297 pp.

This is a comprehensive book on health in early childhood programs. It addresses health promotion, healthful environments, safety and first aid, preventive health care, nutrition, children with special needs, and child abuse and neglect. It has several chapters on preventing and managing infectious diseases that contain current recommendations from public health authorities. These include practical charts, checklists, and exposure notices for parents.

**Contact**: National Association for the Education of Young Children. 1509 16th Street, NW, Washington, DC 20036-1426. Telephone: (800) 424-2460 or (202) 232-8777; fax (202) 328-1846. $15.00, no shipping/handling for regular mail orders under $20.00.

National Pediatric HIV Resource Center. *Getting a Head Start on HIV: A Resource Manual for Enhancing Services to HIV-Affected Children in Head Start*. Newark, NJ: National Pediatric HIV Resource Center, in cooperation with Region II Head Start Resource Center, 1992. 56 pp.

This is a manual on caring for HIV-affected children in Head Start. It describes the impact of HIV infection on a child's physical health, growth, development, and mental health; special health care concerns; and legal issues. The manual includes activities for children and practical strategies for working with HIV-affected families. It also includes sample policies and staff training on HIV/AIDS.

**Contact**: National Maternal and Child Health Clearinghouse (NMCHC), 2070 Chain Bridge Rd., Suite 450, Vienna, VA 22182-2536. Telephone: (703) 821-8955; fax (703) 821-2098. Available at no charge. NMCHC invoice code F097.

Seattle-King County Department of Public Health. *Child Care Health Handbook*. 3rd ed. Seattle, WA: Seattle-King County Department of Public Health, 1990. 184 pp. $10.00.

This is a comprehensive manual on health and safety in child care It covers growth and development, health screening, nutrition, dental health, behavior, injuries, child abuse and neglect, and staff health. It has several chapters that address preventing and managing illnesses. These include charts outlining recommended responses to illness, organized by symptoms and diagnosis.

*Caregiver-Parent Health Connection; Communicable Disease Prevention*. Seattle, WA: Seattle-King County Department of Public Health, 1994. $15.00 plus postage/handling.

This is a practical manual for preventing and managing communicable diseases in child care. It includes general information for caregivers and parents, sample fact sheets and parent letters on communicable diseases, and self-assessment checklists for caregivers.

**Contact**: Child Care Health Program, Seattle-King County Department of Public Health, 110 Prefontaine Place South, Suite 500, Seattle, WA 98104. Telephone: (206) 296-4613.

U.S. Department of Labor, Occupational Safety and Health Administration. *Occupational Exposure to Bloodborne Pathogens*. Federal Register, Vol. 56, No. 235, December 6, 1991.

This document represents the Occupational Safety and Health Administration (OSHA) legal regulations on bloodborne pathogens in workplaces in the United States. It defines "bloodborne pathogens" and "exposures," and covers the requirements for developing an exposure control plan, universal infection control measures, hepatitis B vaccine, reporting and following-up exposures, and staff training.

**Contact**: OSHA, 200 Constitution Ave., NW, Washington, DC 20210. Telephone: (202) 219-4667.

### *Videos*

American Academy of Pediatrics. *Before It's Too Late, Vaccinate*. Elk Grove Village, IL: American Academy of Pediatrics, revised 1994.

This is a 17-minute video on the importance of immunizations for children. It addresses what immunizations are, the diseases they protect against, and the recommended schedule for immunizations in early childhood. The video is available in English and in Spanish.

**Contact**: American Academy of Pediatrics, P.O. Box 927, 141 Northwest Point Blvd., Elk Grove Village, IL 60009-0927. Telephone: (800) 433-9016.

American Academy of Pediatrics and National Association for Education of Young Children. *Caring for Our Children.* Elk Grove Village, IL: American Academy of Pediatrics, 1995. $75.00, plus $8.75 shipping/handling.

This is a series of six 30-minute videos on health and safety in out-of-home child care settings. The videos are based on the book, *Caring for Our Children: National Health and Safety Performance Standards*, developed by the American Academy of Pediatrics and American Public Health Association. The videos cover staff health, basic caregiving, preparing for emergencies, setting up safe child care, maintaining safe child care, and dealing with illness.

**Contact**: American Academy of Pediatrics, P.O. Box 927, 141 Northwest Point Blvd., Elk Grove Village, IL 60009-0927. Telephone: (800) 433-9016. **or** National Association for Education of Young children, 1509 16th Street, NW, Washington, DC 20036-1426. Telephone: (800) 424-2460 or (202) 232-8777; fax (202) 328-1846.

California Department of Education and The Center for Health Training. *Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care.* Sacramento, CA: California Department of Education, 1994.

This is a 29-minute video on preventing, recognizing and managing communicable disease in child care. It explains how communicable diseases spread in child care, and demonstrates measures to prevent the spread of disease. It shows a daily health check and possible signs and symptoms of common childhood diseases. It also has suggestions on effective communication between early childhood professionals and parents about health and illness.

**Contact**: Bureau of Publications, Sales Unit, California Department of Education, PO Box 271, Sacramento, CA 95812-0271. Telephone: (916) 445-1260. Anticipated cost: $17.

U.S. Department of Health and Human Services. *The ABC's of Clean; Hooray for Handwashing*—pamphlet & video. New York, NY: The Soap and Detergent Association.

This is a 16-minute video that explains how illnesses spread among children in group care. It demonstrates simple measures for adults and children to reduce the spread of disease. The educational pack-

age also includes an audio tape with songs promoting hand washing and hygiene, teachers' guide, posters, and handouts for parents.

**Contact**: The Soap and Detergent Association, 475 Park Avenue South, New York, NY 10016. Telephone: (212) 725-1262. Cost: None.

### *Newsletters*

American Academy of Pediatrics, Pennsylvania Chapter, ECELS. *Early Childhood Health Link.*

**Contact**: Healthy Child Care Pennsylvania (ECELS), PA AAP, Building 2, Suite 307, Rosemont Business Campus, 919 Conestoga Rd., Rosemont, PA 19010. Telephone: (610) 520-9125. Web: http://www.delcom.com/paaap/ped.html.

National Center for Education in Maternal and Child Health (NCEMCH). *MCH Program Interchange*. U.S. Dept. of Health and Human Services.

**Contact**: NCEMCH, Maternal and Child Health Bureau, 2000 15th St., North. Arlington, VA 22201. Telephone: (703) 524-7802.

San Diego State University. *Child Care Health Connections*, 1995.

**Contact**: San Diego State University, Child Care Health Connections, 6505 Alvarado Road, #108, San Diego, CA 92120. Telephone: (619) 594-4373. Yearly cost: $15.

### *National Organizations*

American Academy of Pediatrics:

**Contact**: 141 Northwest Point Blvd., Elk Grove Village, IL 60009-0927. (708) 228-5005

American Public Health Association:

**Contact**: 1015 15th St., NW, Washington, DC 20005. (202) 789-5600

Centers for Disease Control:

**Contact**: Center for Health Promotion & Education, Centers for Disease Control, 1600 Clifton Rd., NE, Atlanta, GA 30329. (404) 639-3311

National Association for the Education of Young Children:

**Contact**: 1509 16th Street, NW, Washington, DC 20036-1426. (800) 424-2460 or (202) 232-8777

National Maternal and Child Health Clearinghouse:

**Contact**: 2070 Chain Bridge Rd., Suite 450, Vienna, VA 22182-2536. (703) 821-8955

## Chicken Pox

**What is chicken pox?** It is a common illness that usually lasts five to seven days with:

- Mild fever
- Itchy skin rash, which:
  - starts as small red spots that blister and scab over
  - can be anywhere on the body and scalp

Although chicken pox is usually a mild illness, it can be dangerous for:

- *Pregnant women because it can cause birth defects or severe illness in the baby.*
- *Newborns, teens, adults, and people with immune problems (e.g., HIV/AIDS, chemotherapy, organ transplant, steroid medications).*

**How does chicken pox spread?** It is very contagious and spreads by:

- Being in a room together, coughing, and sneezing
- Sharing food, eating utensils, mouthed toys, and tissues
- Touching the nose, mouth, and the rash

Once you have had chicken pox or have gotten the vaccine, you usually won't catch it again.

**When is chicken pox contagious?**

- From two days *before* until five days *after* the rash appears.
- After exposure, it usually takes 11 to 14 (up to 21) days to get sick.

**How do I know if my child has chicken pox?** By how the rash looks. Doctors usually advise not to bring the child to their offices because the illness could spread to others.

**What should I do if my child has chicken pox?**

**Treatment:** Follow your doctor's recommendations:

- Baking soda/oatmeal baths, calamine lotion and antihistamines for itchiness.
- Giving acetaminophen for fever. ***Never give aspirin****—it can cause a fatal condition called Reye's Syndrome.*

*If your child or anyone at home has immune problems or is pregnant and has never had chicken pox, call your doctor immediately.*

**Keep your child home:** until six days after the start of the rash or when all the lesions are scabbed over. Notify your Head Start program immediately.

**To limit the spread:**

- Get the new chicken pox vaccine for children over 12 months and adults who never had the disease.
- Don't expose newborns, pregnant women, or people with immune problems.
- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Colds and Flu

**What are "colds" and "flu"?** They are common infections of the head and chest caused by viruses. Colds cause mild illness for five to seven days with:

- Stuffy and runny nose (clear or greenish mucus)
- Headache and sore throat
- Sneezing and coughing

The flu makes you a little sicker for a little longer with:

- Fever and chills
- Muscle aches and fatigue

**How do colds and flu spread?** They are very contagious. They spread when people:

- Touch infected mucus from the nose or saliva
- Cough and sneeze
- Kiss on the lips
- Share food, eating utensils, and mouthed toys
- Are together in crowded, poorly-ventilated, and overheated rooms

**When are colds and flu contagious?**

- From one to two days *before* the symptoms start and the first few days of the illness.
- It usually takes several days after exposure to colds or flu to become ill.

**How do I know if my child has a cold or the flu?** By the typical symptoms.

**What should I do if my child has a cold or the flu?**

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by providing:
  - rest, food, and plenty of liquids to drink.
  - a cool mist vaporizer.
- For fever, the doctor might recommend acetaminophen. ***Never give aspirin****—it can cause a fatal condition called Reye's Syndrome.*

You do *not* need to:

- Give antihistamine or decongestant medications.
- Bundle children up or keep them indoors.

**Should my child stay home?** Children with colds or flu can attend school as long as they feel well enough to participate.

**To limit the spread**:

- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Conjunctivitis (Pink Eye)

**What is conjunctivitis?** It is a common eye infection or irritation. It can be caused by germs ("infectious conjunctivitis") and often occurs with a cold or ear infection. It can also be caused by allergies (e.g., pollen), chemicals, or irritants (e.g., smoke, make-up, dust). It involves one or both eyes and usually lasts three to five days with:

- Red eyes
- Clear, white, yellow, or green drainage from the eyes
- Crusty eyelashes when the child wakes up
- Itchy, sore or burning eyes
- Sensitivity to light

**How does conjunctivitis spread?** Conjunctivitis is contagious only when it is caused by germs ("infectious conjunctivitis"), not by allergies, chemicals, or irritants. It spreads when people:

- Touch infected drainage from the eye, mucus from the nose, or saliva
- Share tissues, towels, and make-up
- Cough and sneeze

**When is conjunctivitis contagious?**

- From one to two days *before* the symptoms appear until:
  - 24 hours after antibiotic treatment is started (for bacterial conjunctivitis)
  - the end of drainage from the eyes (for viral conjunctivitis)
- After exposure to conjunctivitis, it usually takes two to three days to develop the infection.

**How do I know if my child has conjunctivitis?** If you see the symptoms, take your child to the doctor. Conjunctivitis is diagnosed by the signs and symptoms.

**What should I do if my child has conjunctivitis?**

**Treatment:** Follow your doctor's recommendations for antibiotic eye drops or ointment. Be sure to use it in both eyes.

**Keep your child home:** until 24 hours after the start of antibiotic treatment, and until there is no discharge from the eyes.

**To limit the spread**:

- Encourage your child not to rub his eyes.
- Have children wash their hands after touching their eyes and nose.
- Wash your hands after touching the child's eyes, applying eye medication, or blowing noses.
- Throw out tissues after use. Don't share tissues or towels.

## Cytomegalovirus (CMV)

**What is cytomegalovirus (CMV)?** It is a very common infection in young children. It usually has:

- No symptoms at all
  -OR-
- Fever, sore throat, swollen glands, tiredness for less than a week

Although CMV is usually mild, it can be dangerous for:

- *Pregnant women—It can cause birth defects in the baby.*
- *People with immune problems (e.g., HIV/AIDS, cancer chemotherapy, organ transplants)—It can cause pneumonia and blindness.*

**How does CMV spread?** CMV is mainly spread by:

- Touching urine when changing diapers
- Sharing food, eating utensils, and mouthed toys
- Kissing on the lips

**When is CMV contagious?** Some people with CMV are contagious for a very short time; others can spread the virus for months to years.

**How do I know if my child has CMV?** Most people with CMV never know it because they don't have any symptoms. Rarely, special blood or urine tests might be done to check for CMV infection.

**What should I do if my child has CMV?**

**Treatment:** Follow your doctor's recommendations. Usually, no special treatment is needed.

*If your child or anyone at home has immune problems or is pregnant, call your doctor to discuss CMV.*

**Should my child stay home?** A child with CMV does not need to stay home.

**To limit the spread:**

- Wash hands after diapering, toileting, or contact with saliva and blood.
- Don't share food, pacifiers, bottles, or toothbrushes.
- Wash eating utensils and drinking cups between uses.
- Clean and disinfect mouthed toys and dining tables after each use.
- Don't kiss children on the mouth.

## Fifth Disease ("Slap Cheek")

**What is fifth disease?** It is typically a mild illness that is caused by a virus called parvovirus. It can last from one to three weeks with:

- Runny nose or mild fever
- Blotchy red rash, which:
  - starts on the cheeks (like "slapped cheeks") and can be all over body
  - may be itchy
  - may come and go, especially after exercise or sun exposure

Although fifth disease is usually mild, it can be dangerous for:

- *Pregnant women because it can cause miscarriage or stillbirth.*
- *People with sickle cell anemia and immune problems (e.g., HIV/AIDS, cancer chemotherapy, organ transplant, taking steroid medication).*

**How does fifth disease spread?** It spreads by:

- Being in a room together, coughing, and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

When is fifth disease contagious?

- One to two weeks *before* the rash appears. After the rash, it is usually not contagious.
- After exposure, it typically takes two to three weeks to get sick.

**How do I know if my child has fifth disease?** A doctor can tell by the signs and symptoms.

**What should I do if my child has fifth disease?**

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by encouraging rest, food, and plenty of liquids to drink.

*If your child or anyone at home has a blood disorder, immune problems, or is pregnant, contact your doctor immediately.*

**Should my child stay home?** Children with fifth disease do not need to stay home as long as they feel well enough to participate. Notify your program.

**To limit the spread:**

- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Giardiasis

**What is giardiasis?** It is an intestinal infection caused by a parasite, Giardia lamblia. It can last for weeks or months with:

- No symptoms at all -OR-
- Persistent diarrhea (with mucus and foul smell)
- Gas, bloating, abdominal pain, nausea
- Weight loss

**How does giardiasis spread?** It spreads by:

- Touching stool when diapering and toileting
- Not washing hands before handling food
- Not cleaning/disinfecting toys and diapering, toileting, and hand-washing areas
- Playing in wading pools and water-play tables
- Drinking contaminated water in areas with inadequate sewage treatment or from lakes, rivers, and pools

**When is giardiasis contagious?**

- As long as the parasite is present in the stool, whether or not the person has symptoms. It spreads more easily when the person has diarrhea.
- After exposure to giardiasis, it usually takes one to two weeks to develop the illness.

**How do I know if my child has giardiasis?** If anyone in the family has the symptoms, see your doctor. Giardiasis is diagnosed by tests of the stool, usually three samples.

**What should I do if my child has giardiasis?**

**Treatment:** Follow your doctor's recommendations:

- If the child has symptoms, a medication might be prescribed.
- If the child has no symptoms, it is usually not treated. Often, the infection resolves on its own within four to six weeks.

*If other family members have symptoms, see your doctor.*

**Keep your child home**: if she has diarrhea. He can return to the program after treatment and when the diarrhea is resolved. Notify your Head Start program.

**To limit the spread**:

- Wash hands after diapering and toileting and before handling food.
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.
- Do not drink water from lakes, rivers, or pools.

## Hand, Foot, and Mouth Syndrome (Coxsackie Virus)

**What is hand, foot, and mouth syndrome**? It is a common childhood illness caused by the Coxsackie virus. It is usually a mild illness that lasts for one to three weeks with:

- Sores in the mouth, sore throat
- Blisters on the hands and feet
- Mild fever

**How does hand, foot, and mouth syndrome spread**? It spreads by:

- Touching stool when diapering and toileting
- Not washing hands before handling food
- Not cleaning/disinfecting toys and diapering, toileting, and hand-washing areas
- Playing in wading pools and water-play tables

**When is hand, foot, and mouth syndrome contagious?**

- Mostly in the first week during the mouth sores. By the time the hand and foot rash appears, it is less contagious.
- After exposure, it takes three to six days to get sick.

**How do I know if my child has hand, foot, and mouth syndrome?** A doctor can diagnose it by the symptoms.

**What should I do if my child has hand, foot, and mouth syndrome?**

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by encouraging rest, food, and plenty of liquids to drink.

**Should my child stay home?** Children can attend school as long as they feel well enough to participate. Notify your Head Start program.

**To limit the spread:**

- Wash hands after diapering and toileting and before handling food.
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.
- Don't kiss children on the mouth.

## Head Lice

**What are head lice?** They are tiny bugs that live on the scalp and hair. You may see:

- Small grayish eggs ("nits") about the size of a sesame seed
  - attached firmly to the base of hairs
  - often behind the ears and neck
- Tiny bugs ("lice") crawling in hair, bite marks on scalp
- Scratching at scalp

**How do head lice spread?** They are very contagious. They spread by:

- Touching hair
- Sharing combs/brushes, hats, clothes, stuffed animals, towels, pillows, bedding, furniture, and carpets

**When are head lice contagious?**

- As long as the bugs or nits are alive. Nits hatch in seven to 10 days, and lice can live on the scalp for 20-30 days.
- When lice and nits are off the body (e.g., on clothes), they die within seven days.

**How do I know if my child has head lice?** By seeing the nits or lice in the hair.

**What should I do if my child has head lice?**

**Treatment:** Consult your doctor for the appropriate treatment; some are dangerous for infants and women who are pregnant or nursing.

- Shampoo hair with special shampoo that kills lice and nits. Follow the instructions carefully.
- Remove all nits with a fine-tooth comb and by hand.
- Sometimes a second treatment is needed one or two weeks later to kill the lice that hatched from surviving nits.

**Keep your child home until:** after treatment is completed, and he or she is free of nits. Notify your Head Start program.

**To limit the spread:**

- Every day, for two weeks, check everyone at home and at school for lice and nits. Treat if necessary.
- Don't share combs and brushes. Wash them in the anti-lice shampoo; boil in water for 10 minutes; OR soak in bleach solution for one hour.
- Don't share hats and jackets. Keep personal clothes and bedding separate in individual cubbies for each child.
- Launder clothes, linen, bedding, stuffed animals, and small carpets in with detergent and hot water. Dry in hot dryer or press with hot iron. For non-washable items, dry-clean or seal in plastic bag for 10 to 14 days.
- Vacuum carpets, upholstered furniture, and car seats.

## Hepatitis A

**What is hepatitis A?** It is an infection of the liver caused by a virus. It can last from one week to several months with:

- No symptoms at all, especially in young children -OR-
- Jaundice or yellowing of the skin and whites of the eyes
- Abdominal pain, nausea, loss of appetite
- Dark urine and pale-colored stools
- Low-grade fever, fatigue

**How does hepatitis A spread?** It spreads by:

- Touching stool when diapering and toileting
- Not washing hands before handling food
- Not cleaning and disinfecting toys and diapering, toileting and hand-washing areas
- Playing in wading pools and water-play tables
- Drinking contaminated water and eating shellfish in areas with inadequate sewage treatment

**When is hepatitis A contagious?**

- From two weeks *before* until one week *after* the start of jaundice.
- After exposure to hepatitis A, it can take two to eight weeks (typically four weeks) to get sick.

**How do I know if my child has hepatitis A?** If anyone in the family has symptoms, see your doctor immediately. Hepatitis A is diagnosed by special blood tests.

**What should I do if my child has hepatitis A?**

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by encouraging rest, food, and plenty of liquids to drink.

*If children or adults at home or school were exposed to hepatitis A within the previous two weeks and haven't gotten sick yet, they can get a special injection to prevent them from getting sick or make their illness milder.*

**Keep your child home:** until one week after the start of jaundice and until the child feels well enough to participate in activities. *Notify your Head Start program immediately.*

**To limit the spread:**

- Report the illness to the local health department.
- Ask your doctor about getting hepatitis A vaccine.
- Wash hands after diapering and toileting and before handling food.
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.

## Hepatitis B

**What is hepatitis B?** It is an infection of the liver caused by a virus. It causes:

- No symptoms at all -OR-
- Jaundice or yellowing of the skin and whites of the eyes
- Abdominal pain, nausea, loss of appetite
- Dark urine, and pale-colored stools
- Low-grade fever, fatigue

Most people recover completely within weeks to several months. But approximately 1% develop severe and fatal complications, and 10% percent become "chronic carriers" of hepatitis B infection—with or without symptoms—for life.

**How does hepatitis B spread?** It spreads by blood, sexual fluids (semen and vaginal secretions), or saliva getting *into* another person's body by:

- Splashes of blood onto broken skin, eyes or mouth
- Sharing razors and toothbrushes
- Biting (rarely)
- Sexual intercourse
- Pregnancy, childbirth and breast feeding
- Blood transfusions and sharing injection equipment

**When is hepatitis B contagious?**

- From approximately one month *before* until one month *after* the start of jaundice.
- "Chronic carriers," with or without symptoms, are usually contagious for life.
- After exposure, it can take six weeks to six months to develop the illness.

**How do I know if my child has hepatitis B?** If you see symptoms, see your doctor immediately. Hepatitis B is diagnosed by special blood tests.

**What should I do if my child has hepatitis B?**

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by encouraging rest, nutrition, and plenty of fluids to drink.
- For severe symptoms, hospitalization and special treatments are needed.

*If children or adults at home or school were exposed to hepatitis B within the previous three days, they can get a special injection and vaccine to prevent illness.*

**Keep your child home:** until one month after the start of jaundice and until he or she feels well enough to participate. "Chronic carriers" can attend as long as they don't have uncontrolled biting or oozing skin lesions that can't be covered. Notify your Head Start program.

**To limit the spread:**

- Immunize your children against hepatitis B, starting in infancy.
- For adults at risk, consider getting immunized against hepatitis B.

## Hepatitis B (continued)

- Follow universal blood and body fluid precautions:
  - Try to avoid direct contact with blood.
  - Wear disposable latex or vinyl gloves for dealing with bloody injuries, bloody diarrhea, oozing skin rashes, and mouth or eye procedures.
  - Clean and disinfect spills of blood.
  - Seal blood-stained items in a plastic bag for disposal or laundering.
  - Wash hands after removing gloves; wash skin after contact with blood.
- Don't share food, pacifiers, teething rings, bottles, toothbrushes.
- Clean and disinfect eating utensils, cups, mouthed toys, and dining tables after each use.
- Don't share injection equipment. If equipment is reused, disinfect it.
- Use condoms during sexual contact.
- Prevent sexual abuse.

## Herpes

**What is herpes?** It is a common infection, in children and adults, caused by a virus. Symptoms include:

- Painful sores in mouth/gums and on lips ("cold sores," "fever blisters")
- Fever and headache -OR-
- Painful sores on genitals

Symptoms resolve within a week, but can recur with illness, sun exposure, or stress.

Although herpes is usually mild, it can be dangerous for:

- *Pregnant women—Genital sores at delivery can cause severe illness in the baby.*
- *People with immune problems (e.g., HIV/AIDS, cancer chemotherapy, organ transplant, taking steroid medication).*

**How does herpes spread?** Oral (mouth) herpes spreads by:

- Touching the mouth sores or saliva
- Kissing on the lips
- Sharing food, bottles, pacifiers, eating utensils, mouthed toys, and toothbrushes

Genital herpes spreads by sexual contact or sexual abuse.

**When is herpes contagious?**

- Several days *before* the start of symptoms until the sores are healed.
- After exposure, it can take two to eight weeks to develop symptoms.

**How do I know if my child has herpes?** If you see the symptoms, see your doctor.
Herpes is diagnosed by the typical symptoms. Sometimes swabs and cultures are done.

**What should I do if my child has herpes?**

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by encouraging rest, nutrition, and plenty of fluids to drink.
- For severe or frequent outbreaks, medication might be prescribed.

*If your child has immune problems or severe illness, see your doctor immediately. Special medication can help prevent and treat the illness.*

**Keep your child home:** until the mouth sores are healed or can be covered.

**To limit the spread:**

- Cover lip sores with a bandage. Wash hands well after touching them.
- Don't expose newborns, people with immune problems, and pregnant women.
- Don't kiss children on the mouth.
- Don't share food, pacifiers, bottles, or toothbrushes. Clean and disinfect eating utensils, cups, mouthed toys, and dining tables after each use.
- Children with genital lesions should be examined and tested by an experienced physician. If herpes or another sexually-transmitted disease is diagnosed, the child should be evaluated for sexual abuse and Children's Protective Services should be notified.

## HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome)

**What is HIV/AIDS**? It is an infection caused by a virus. Over time, it damages the body's immune system and other organs and can lead to severe, life-threatening illnesses. Symptoms include:

- No symptoms at all for years
- Failure to thrive, weight loss, fevers, fatigue
- Frequent infections (e.g., thrush, diaper rash, ear infections, pneumonia)
- Developmental delay and neurologic problems

**How does HIV/AIDS spread?** It spreads by blood, sexual fluids (semen and vaginal secretions), or saliva getting *into* another person's body by:

- Splashes of blood onto broken skin, eyes or mouth
- Sharing toothbrushes and razors
- Sexual intercourse
- Pregnancy, childbirth, and breast feeding
- Blood transfusions and sharing injection equipment

HIV has **not** spread by children playing together in early childhood programs.

**When is HIV/AIDS contagious?**

- Beginning after infection, with or without symptoms, and continuing for life.

**How do I know if my child has HIV/AIDS?** If you think your child is at risk or you see symptoms, see your doctor. HIV infection is diagnosed by special blood tests.

**What should I do if my child has HIV/AIDS?**

**Treatment:** Follow your doctor's recommendations:

- There are many medications to treat HIV and the other illnesses. Medication can prevent spread of HIV from mother to baby and improve health and survival.

**Should my child stay home?** Children with HIV/AIDS can attend school as long as they feel well enough to participate. Keep them home if they are too sick to participate, have oozing skin lesions that can't be covered, or other contagious conditions (e.g., active tuberculosis). To protect the child with HIV/AIDS from other diseases, get prompt notification of disease outbreaks such as chicken pox, measles, salmonella, and cryptospiridium, keep the child home, and consult your doctor immediately about possible treatment.

**To limit the spread:**

- Follow universal blood and body fluid precautions: Try to avoid direct contact with blood. Wear disposable latex or vinyl gloves for dealing with bloody injuries, bloody diarrhea, oozing skin rashes, and mouth or eye procedures. Clean and disinfect spills of blood. Seal blood-stained items in a plastic bag for disposal or laundering. Wash hands after removing gloves; wash skin after contact with blood.
- Don't share toothbrushes.
- Don't share injection equipment. If equipment is reused, disinfect it.
- Prevent sexual abuse.
- Between adults, use condoms during sexual contact.

## Impetigo

**What is impetigo?** It is a mild skin infection caused by bacteria. It is common in children around the nose and mouth after a cold, in the diaper area, and on cuts and insect bites. It usually lasts one to three weeks with:

- Reddish sores that become oozing and crusty
- May be itchy

**How does impetigo spread?** It spreads by:

- Touching or scratching the sores on the skin
- Sharing towels, clothes, and bedding

**When is impetigo contagious?**

- As long as the sores are oozing and moist and until 24 hours after antibiotic treatment is started.
- After exposure, it takes four to 10 days to develop the infection.

**How do I know if my child has impetigo?** If you see the rash, take the child to the doctor. Impetigo is diagnosed by how the rash looks.

**What should I do if my child has impetigo?**

**Treatment:** The doctor may prescribe:

- Washing sores with soap and water.
- Antibiotic medication to take by mouth and/or ointment for the sores.

**Keep your child home:** until 24 hours after the start of antibiotic treatment. Notify your Head Start program.

**To limit the spread:**

- Keep the lesions clean and dry.
- Wash hands after touching the lesions.
- Do not share clothes, towels, or bedding. Separate personal clothes and bedding in individual cubbies for each child.

## Infectious Diarrhea (including Enterovirus, Rotavirus, Norwalkvirus, Campylobacter, Salmonella, Shigella, E. Coli, Cholera, Giardia, Ameba)

**What is infectious diarrhea?** It is an intestinal infection caused by viruses, bacteria, or parasites. It is the most common cause of diarrhea. Symptoms include:

- Stools that are loose, watery, frequent, foul-smelling, mucusy, bloody
- Stomach cramps, nausea, and vomiting
- Fever, headache, and fatigue

Although infectious diarrhea is usually mild, it can be dangerous for:

- *Infants and toddlers—they can get dehydrated.*
- *Seniors and people with immune problems (e.g., HIV/AIDS, cancer chemotherapy, organ transplant, taking steroid medication)*

**How does infectious diarrhea spread?** It spreads by:

- Touching stool when diapering and toileting
- Not washing hands before handling food
- Not cleaning/disinfecting toys and diapering, toileting and hand-washing areas
- Playing in wading pools and water-play tables
- Drinking contaminated water and eating shellfish in areas with inadequate sewage treatment
- Eating under-cooked poultry, beef, and eggs

**When is infectious diarrhea contagious?** Depending on the type of infection:

- Usually in the one or two days *before* the start of symptoms until the diarrhea ends and/or treatment is completed.
- After exposure, it can take one day to weeks to get sick.

**How do I know if my child has infectious diarrhea?** If your child has severe symptoms, bloody stool, signs of dehydration, or doesn't get better within two to three days, see your doctor. Infectious diarrhea is diagnosed by the symptoms and tests of stool.

**What should I do if my child has infectious diarrhea?**

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by offering:
  - plenty of clear liquids to drink (e.g., broth, rice water, gelatin)
  - bland food (e.g., bananas, rice, applesauce, toast, crackers, noodles, tortillas)—avoid milk products.
  - breastmilk for breastfed babies
- For severe symptoms or infection from bacteria or parasites, antibiotic medication and sometimes hospitalization and rehydration are needed.

**Keep your child home:** until the diarrhea is resolved. If it's a bacterial or parasite infection, the child must have received the appropriate treatment. Notify your Head Start program immediately.

**To limit the spread:**

- Report outbreaks to the local health department.
- Wash hands after diapering and toileting and before cooking and eating.

## Infectious Diarrhea (continued)

- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.
- Do not drink from lakes, rivers, or pools.
- For perishable foods (poultry, meat, fish, eggs, and milk products):
  - Cook thoroughly until juices run clear.
  - Serve immediately or refrigerate—Don't let stand at room temperature.

## Measles

**What is measles?** It is a serious illness that is caused by a virus. It is rare today because most children are immunized against it. It usually lasts one to two weeks with:

- Fever and fatigue
- Red and watery eyes, runny nose, and cough
- Blotchy red rash over entire body

Although most children recover from measles, it can cause pneumonia, inflammation of the brain, and death. It is particularly dangerous for:

- *Pregnant women—It can cause miscarriage or premature delivery.*
- *People with immune problems (e.g., HIV/AIDS, cancer chemotherapy, organ transplant, taking steroid medication).*

**How does measles spread?** It is very contagious and spreads by:

- Being in a room together, coughing, and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

People who have had measles or were immunized usually can't catch it again.

**When is measles contagious?**

- From five days *before* until four days *after* the start of the rash.
- After exposure, it can take one to two weeks for the person to get sick.

**How do I know if my child has measles?** If you see the symptoms, see your doctor immediately. Measles is diagnosed by the symptoms and a special blood test.

**What should I do if my child has measles?**

**Treatment:** Follow your doctor's recommendations:

- Help the child recover by encouraging rest, nutrition, and plenty of fluids to drink.
- Children with severe illness might need medication and hospitalization.

*Infants, unvaccinated children and adults, people with immune problems, and pregnant women exposed to measles within the previous three to six days can get a vaccine or special injection to help prevent them getting sick.*

**Keep the child home:** until six days after the rash appears and until he or she feels well enough to participate. Notify your Head Start program immediately.

**To limit the spread:**

- Immunize your children against measles at 12 to 15 months of age and again at four to six or 11-12 years.
- Report cases of measles to the local health department.
- Don't expose infants, children who have not been immunized, or pregnant women.
- Wipe noses with clean tissues, throw them away, and wash your hands.

## Measles (continued)

- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Meningitis

**What is meningitis?** It is a relatively rare infection of the covering of the brain and spinal cord. It can be caused by viruses, bacteria, parasites, or fungi. It can last for one to two weeks and the symptoms can be severe

- Fever and listlessness or extreme irritability
- Headache, stiff neck, seizures
- Vomiting

Although most children recover, it can cause deafness, learning disabilities, and death.

**How does meningitis spread?** Most meningitis spreads by:

- Being in a room together, coughing, and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

Children immunized against a common type of meningitis, hemophilus influenza B (HIB), are protected from that form of meningitis.

**When is meningitis contagious?** Depending on the type of meningitis:

- From one to two weeks *before* the start of symptoms *throughout* the illness. Bacterial meningitis is not contagious after 24 to 48 hours of antibiotic treatment.
- After exposure, it can take a few days to weeks to get sick.

**How do I know if my child has meningitis?** If you see the symptoms, see the doctor immediately. Meningitis is diagnosed by an exam, spinal tap, and lab tests.

**What should I do if my child has meningitis?**

**Treatment:** Follow your doctor's recommendations:

- Help the child recover by encouraging rest, nutrition, and plenty of fluids to drink.
- Children with severe illness or infection with bacteria, parasites, or fungus may need hospitalization and intravenous antibiotic medication.

*If children or adults at home or school were recently exposed to HIB or meningococcal meningitis, special antibiotics can help prevent the illness.*

**Keep the child home:**until symptoms resolve and until he or she feels well enough to participate and the health provider says it is not contagious. Notify your Head Start program immediately.

**To limit the spread:**

- Immunize your infants against HIB at two, four, six and 12 to 15 months of age.
- Report cases of meningitis to the local health department.
- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Mumps

**What is mumps?** It is an illness caused by a virus. It is rare today because most children are immunized against it. It can last one or two weeks with:

- Swollen painful glands under the jaw or cheeks
- Fever and headache

Although most children recover, it can cause inflammation of the brain and spinal cord (meningitis) and hearing loss. It can be dangerous for:

- *Pregnant women because it can cause miscarriage.*
- *Teen and adult men because it can cause sterility.*

**How does mumps spread?** It spreads by:

- Being in a room together, coughing, and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

People who have had mumps or were immunized cannot catch it again.

**When is mumps contagious?**

- From seven days *before* until nine days *after* the start of swelling of the glands.
- After exposure, it takes two to three weeks to get sick.

**How do I know if my child has mumps?** If you see the symptoms, see your doctor immediately. Mumps is diagnosed by the typical symptoms and a special blood test.

**What should I do if my child has mumps?**

**Treatment:** Follow your doctor's recommendations:

- Help the child recover by encouraging rest, nutrition, and plenty of fluids to drink.

**Keep the child home:** until nine days after the start of swelling of the glands. Notify your Head Start program immediately.

**To limit the spread:**

- Immunize children against mumps at 12 to 15 months of age.
- Report cases of mumps to the local health department.
- Don't expose infants, children who have not been immunized, or pregnant women.
- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Pertussis (Whooping Cough)

**What is pertussis?** It is a serious respiratory infection, especially in infants. It is rare today because most children are immunized against it. It can last for six to 10 weeks with:

- Runny nose
- Persistent coughing fits
  - followed by a gasp ("whoop") to breathe
  - may lead to vomiting

Pertussis can also cause pneumonia, seizures, brain damage, respiratory failure, and death.

**How is pertussis spread?** It spreads by:

- Being in a room together, coughing, and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

**When is pertussis contagious?**

- Mostly during the runny nose phase but remains contagious for up to three weeks. No longer contagious after five days of effective antibiotic treatment.
- After exposure, it can take one to three weeks to get sick.

Children who completed pertussis immunizations usually don't catch it.

**How do I know if my child has pertussis?** If your child has the symptoms, see your doctor immediately. Pertussis is diagnosed by the symptoms and cultures of the nose and throat.

**What should I do if my child has pertussis?**

**Treatment:** Follow the treatment prescribed by your doctor:

- Antibiotic medication.
- For infants with severe illness, hospitalization, oxygen, special feeding, and close monitoring of breathing are necessary.

*Children at home or school who were recently exposed to pertussis can get antibiotic medication and immunization boosters to help prevent the illness.*

**Keep your child home:** until five days after the start of antibiotic treatment and until he or she feels well enough to participate. Notify your Head Start program immediately.

**To limit the spread:**

- Immunize children against pertussis at two, four, six, and 12 to 15 months, and four to six years.
- Report cases of pertussis to the local health department.
- Don't expose infants and children who have not been immunized.
- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Pinworms

**What are pinworms?** They are tiny worms that commonly infect children's intestines. The worm crawls out of the child's anus at night and lays microscopic eggs around the opening. Symptoms include:

- No symptoms at all -OR-
- Scratching around anal area or vulva (in girls), especially at night
- A white, thread-like worm, about 1/2" long
  - seen at night, around the child's anus, or
  - found in the stools

**How are pinworms spread?** They spread by:

- Children scratching their bottoms
- Touching stool during diapering and toileting
- Not washing hands before handling food
- Not cleaning/disinfecting toys, diapering, toileting, and hand-washing areas
- Playing in wading pools and water-play tables
- Sharing contaminated clothes, towels, and bedding

**When are pinworms contagious?**

- As long as the worms are present. Not contagious after treatment.
- After exposure, it can take three weeks to three months to develop symptoms.

**How do I know if my child has pinworms?** If you see the symptoms, see your doctor. Pinworms can be diagnosed by observing worms or using clear tape to pick up the eggs around the anus in the morning and sending it to the lab.

**What should I do if my child has pinworms?**

**Treatment:** The doctor will prescribe oral antiparasitic medication.

**Should my child stay home?** Your child can return to school after treatment is started. Notify your Head Start program.

**To limit the spread:**

- Check other children at home and at school. Get treatment if needed.
- Launder clothes, towels, and bedding. Clean/disinfect cribs and mats.
- Wash hands after diapering and toileting and before handling food.
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.

## Ringworm (Tinea)

**What is ringworm**? It is a common fungus infection of the skin, scalp, nails, and feet. Symptoms include:

- Skin lesions
  - ring-shaped, raised, and scaly around the border
  - may be pinkish or light-colored
  - may be itchy
- Scalp lesions: pink, swollen patches that can lead to hair loss
- Nails: discolored (white, yellow, or black), thickened, and cracking
- Feet ("athlete's foot"): cracking of skin between toes

**How does ringworm spread?** It spreads by:

- Touching or scratching the sores on the skin or scalp
- Sharing combs, brushes, hats, towels, clothes, and bedding
- Hugging cats and dogs
- Walking barefoot in showers and pools

**When is ringworm contagious?**

- As long as the rash or lesions are present. Not contagious after treatment.
- After exposure, it can take four days to two weeks to develop symptoms.

**How do I know if my child has ringworm?** If you see the symptoms, see your doctor. Ringworm is diagnosed by the symptoms, exam with a special light, cultures, microscopic exam of skin/scalp scrapings.

**What should I do if my child has ringworm?**

**Treatment:** Follow the treatment prescribed by your doctor:

- For skin and feet infections: antifungal cream, powder, or lotion.
- For infections of the scalp and nails: oral medication for at least one to two months.
- For feet infections: keep clean and dry.

**Should my child stay home?** The child can return to school after treatment is started. Notify your Head Start program.

**To limit the spread:**

- Check other children, adults, and pets at home and at school. Get medical/veterinary evaluation and treatment if needed.
- For ringworm of the scalp, clean and disinfect combs and brushes.
- For fungal infection of the feet, clean and disinfect showers and baths.
- Keep lesions covered if possible.
- Wash hands after contact with the lesions.
- Do not share combs, brushes, clothes, towels, or bedding. Separate personal clothes and bedding in individual cubbies for each child.

## Roseola

**What is roseola?** It is a very common illness, especially in children less than two years of age. Roseola is caused by a virus. It usually lasts for a week with:

- High fever, often up to 104 degrees F., for three to five days
- Then a skin rash of pink patches over the entire body for several days

**How does roseola spread?** It's not clear how roseola spreads. It may spread by contact with saliva or mucus from the nose.

**When is roseola contagious?**

- Probably several days *before* the symptoms until the end of the fever.
- After exposure, it can take five to 15 days to develop the illness.

**How do I know if my child has roseola?** If the child has symptoms, see your doctor. Roseola is diagnosed by the typical symptoms.

**What should I do if my child has roseola?**

**Treatment:** Follow your doctor's recommendations:

- Help the child recover by encouraging rest, nutrition, and plenty of fluids to drink.
- If the baby is uncomfortable with the fever:
  - dress the baby lightly
  - give lukewarm baths
  - the doctor might recommend acetaminophen

**Should my child stay home?** Children can attend when they feel well enough to participate. Notify your Head Start program.

**To limit the spread:**

- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.

## Rubella (German Measles)

**What is rubella?** It is an illness caused by a virus. It is rare today because most children get immunized against it. The illness lasts for about a week with:

- Red body rash
- Fever
- Swollen lymph nodes ("glands") at the back of the neck

*Although rubella is usually a mild illness, it can be dangerous for pregnant women because it can cause miscarriage, stillbirth, or severe birth defects in the baby.*

**How does rubella spread?** It spreads by:

- Being in a room together, coughing, and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

People who have had rubella before or were immunized usually can't catch it again.

**When is rubella contagious?**

- From several days *before* until five days *after* the start of the rash.
- After exposure to rubella, it takes two to three weeks to get sick.

**How do I know if my child has rubella?** If you see the symptoms, take your child to the doctor. Rubella is diagnosed by the symptoms and a special blood test.

**What should I do if my child has rubella?**

**Treatment:** Follow your doctor's recommendations:

- Help the child recover by encouraging rest, nutrition, and plenty of fluids to drink.

*If anyone at home is pregnant, contact your doctor.*

**Keep your child home:** until six days after the rash appears and he or she feels well enough to participate in activities. Notify your Head Start program immediately.

**To limit the spread:**

- Immunize your children against rubella at 12 to 15 months of age and again at four to six or 11 to 12 years.
- If you're planning pregnancy, see your doctor to get a blood test to see if you need the rubella vaccine to protect you and your baby.
- Report cases of rubella to the local health department.
- Don't expose infants, children who have not been immunized, or pregnant women.
- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Scabies

**What is scabies?** It is a skin infection caused by a microscopic bug called a mite. The mite lives on the surface and burrows down into the skin causing:

- Skin rash, which:
  - starts as red bumps and white thread-like lines
  - appears between fingers, around wrists, elbows, underarms, nipples, abdomen, waist, buttocks, penis, feet. In infants—head, neck, palms, and soles
  - itches intensely, especially at night
  - is often covered with scratch marks and bruises

**How do scabies spread?** They spread by:

- Touching or scratching the sores on the skin
- Sharing towels, clothes, bedding, and furniture

**When are scabies contagious?**

- From *weeks before* the symptoms until treatment is completed.
- When the mites are off the body (e.g., on clothes, furniture), they die within four days.
- After exposure, it can take four to six weeks to develop symptoms. For people who have been previously exposed to scabies, symptoms can start within one to four days.

**How do I know if my child has scabies?** If your child has the symptoms, see your doctor. Scabies are diagnosed by the signs and symptoms. Sometimes, a skin scraping may be examined under the microscope.

**What should I do if my child has scabies?**

**Treatment:** Follow the treatment prescribed by your doctor. Some scabies medications are dangerous for infants and women who are pregnant or nursing.

- Apply the medicated body lotion, leave on, and rinse off according to instructions.
- Repeat treatment after seven to 10 days to kill newly-hatched mites.
- Calamine lotion or antihistamine medications might reduce itching.

**Keep your child home until:** after treatment is completed. Notify your Head Start program.

**To limit the spread:**

- Check everyone at home and at school for signs of scabies. Refer for medical evaluation and treatment if necessary.
- Don't share hats and jackets. Keep personal clothes and bedding separate in individual cubbies for each child.
- Launder clothes, linen, bedding, stuffed animals, and small carpets in a machine with detergent and hot water. Dry in a hot dryer or press with a hot iron. For non-washable items (e.g., hats, pillows), dry-clean or seal in a plastic bag for four to seven days.
- Vacuum carpets, upholstered furniture, and car seats.

## Streptococcal Infections ("Strep" Throat, Scarlet Fever)

**What are streptococcal infections?** Strep is a very common bacterial infection in children. It can cause strep throat and scarlet fever. Symptoms include:

- Sore and red throat, red tongue
- Bright red skin rash, which:
  - is on the cheeks, neck, chest, back, and skin folds
  - may feel rough, like sandpaper
- Fever, headache, and swollen lymph nodes ("glands") in the neck

*Although strep infection is usually mild, it can cause severe illness including pneumonia, meningitis, rheumatic fever (heart), bone/joint infections, and kidney disease.*

**How does strep spread?** It spreads by:

- Being in a room together, coughing, and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

**When is strep contagious?**

- From the day before the start of symptoms and during the period of illness, until 24 hours after the start of effective antibiotic treatment.
- After exposure, it takes two to five days to develop symptoms.

**How do I know if my child has strep?** If your child has the symptoms, see your doctor immediately. Strep throat is diagnosed by an exam and swab of the throat for a quick lab test or culture. Scarlet fever is diagnosed by the typical symptoms.

**What should I do if my child has strep?**

**Treatment:** Follow the treatment prescribed by your doctor:

- Take the antibiotic medication for the whole course.
- For sore throat, try cool drinks, popsicles, teas, salt water gargles.
- The doctor might recommend acetaminophen for fever.

*When symptoms of strep infection are severe, further medical tests, hospitalization, and intravenous treatment may be necessary.*

**Keep your child home:** until 24 hours after the start of antibiotic treatment and until the fever is gone and the child feels well enough to participate. Notify your Head Start program.

**To limit the spread:**

- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

## Tuberculosis

**What is tuberculosis?** Tuberculosis (TB) is a serious respiratory infection that is caused by a bacteria. The infection enters the lungs and causes:

- No symptoms at all -OR-
- Persistent cough, pneumonia
- Fevers, weight loss, and fatigue
- And (rarely) infection of brain, heart, kidney, bones

Tuberculosis is particularly dangerous for:

- *Young children and the elderly*
- *People with health problems and weakened immunity (e.g., HIV/AIDS, cancer chemotherapy, organ transplant, steroid medications).*

**How does tuberculosis spread?** It spreads by:

- Being in a room together
- Coughing and sneezing

**When is tuberculosis contagious?**

- When the disease is "active" and the person is sick and coughing. Adults with TB are more contagious than children. The disease is contagious until after two to four weeks of taking TB medications, and tests confirm that it's no longer contagious.
- After exposure, a person may develop a positive TB skin test (infection) within two to 10 weeks. Although most people with TB never develop symptoms, they may develop symptoms from one month to many years later.

**How do I know if my child has tuberculosis?** If your child has been exposed or has symptoms, see your doctor. TB infection is diagnosed by a skin test on the forearm. If there is a reaction ("positive TB test") after two to three days, a chest X-ray and cultures are done to diagnose active TB infection and what treatment and follow-up are needed.

**What should I do if my child has tuberculosis?**

**Treatment:** Follow the treatment prescribed by your doctor:

- Oral antibiotic medications for six to 12 months.
- Close medical follow-up including X-rays and cultures.

**Keep the child home:** until the doctor and/or health department determine that he is not contagious. This may be up to two to four weeks. Notify your Head Start program immediately.

**To limit the spread:**

- Test all children and caregivers for TB periodically.
- Report the illness to the local health department.
- Cough and sneeze into your elbow and away from people.
- Open windows indoors and maximize outdoor play.

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